Faculty/Staff Payroll Deduction Form

Yes! I want to help Metro State students succeed.





Donor information

| Name | Email |
|--------------------|---|
| Home address | City, state |
| Cell phone | |
| | d fund designation my gift of \$500 \$250 \$100 \$50 \$25 or other amount \$ to: |
| | I/department program fund (specify) |
| List of scholarsh | arship fund or specific scholarship (specify) |
| Payroll deduction: | Ongoing paycheck deduction of \$ per paycheck (Payroll deductions will be automatically renewed each fiscal year unless we hear from you). |
| | □ Increase my current payroll deduction to \$ per paycheck. (New amount) |
| | Target amount of \$ per paycheck. (Deduction will continue until target amount is reached.) |
| | One-time payroll deduction of \$ |
| | By signing below, I authorize Metro State to make the deduction(s) listed on this form. |
| | Signature |
| | Ongoing paycheck deduction of \$ per paycheck (Payroll deductions will be automatically renewed each fiscal year unless we hear from you). Increase my current payroll deduction to \$ per paycheck. (New amount) Target amount of \$ per paycheck. (Deduction will continue until target amount is reached.) One-time payroll deduction of \$ By signing below, I authorize Metro State to make the deduction(s) listed on this form. Signature |
| Check: | Make checks payable to Metro State University Foundation Pay via EFT: |

k: Make checks payable to **Metro State University Foundation** and mail to the address below.

Credit card: This is a one-time gift of \$_____

□ I authorize Metro State University Foundation to charge my credit card in the amount of \$ per month.

□ Mastercard □ Visa □ American Express □ Discover

Card number _____

Expiration date _____

MM/YY

Name on card _____

Signature _____

Your gift is tax-deductible to the extent allowed by law. **Questions?** Email us at **giftinquiries@metrostate.edu** or call **651.793.1808**.

This document is available in alternative formats upon request by contacting the Center for Accessibility Resources, accessibility.resources@metrostate.edu or 651.793.1549 8/24

I would like to have my payment deducted via EFT. I've included a voided check and have signed below.

I authorize Metro State University Foundation to withdraw my payment from my bank account. This EFT authorization will remain in effect until the pledge is fulfilled or until notified.

Signature _____

Date ___

If you prefer to give online, visit **metrostate.edu/give**

Please return this form to: Metro State University Foundation 700 East Seventh Street, Saint Paul, MN 55106



