

## Faculty and Staff Payroll Deduction Gift Form

\_\_\_\_\_  
Your Name (Please Print)

\_\_\_\_\_  
DelVal Phone Ext.

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*Your deduction will start with the first eligible pay upon receipt of signed form and will continue each pay until you notify Human Resources and Development with any changes.*

**I would like to:**

\_\_\_\_\_ join the payroll deduction program.

\_\_\_\_\_ modify my existing payroll deduction.

**I will donate:**

\_\_\_\_\_ \$5.00 per pay (\$130/year)

\_\_\_\_\_ \$10.00 per pay (\$260/year)

\_\_\_\_\_ \$25.00 per pay (\$650/year)

\_\_\_\_\_ \$50.00 per pay (\$1,300/year)\*

\_\_\_\_\_ Other amount per pay: \$\_\_\_\_\_

*\* The 1896 Society consists of DelVal's leadership donors. Those with total giving of \$1,000 and above within a fiscal year (July 1 – June 30) qualify for membership in the 1896 Society.*

**Allocation** (If you would like to allocate your gift to multiple funds, please indicate below which funds and the split amounts.)

\_\_\_\_\_ The DelVal Fund

\_\_\_\_\_ Emergency Financial Aid Fund

\_\_\_\_\_ Other (Please specify which scholarship, athletics team, or academic department you would like to support.): \_\_\_\_\_

*Please return this form to Development and Alumni Affairs in Burpee House. Thank you!*