



***Annual Fund
Faculty and Staff Voluntary Payroll Deduction Pledge Form***

Employee Name (please print): _____ Employee ID: _____

Department: _____ Phone Number: _____ Box: _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please check one of the following:

☐ New ☐ Change ☐ Stop

Effective Date: _____ End Date (if applicable): _____

Unless an end date is stated, this authorization will remain in effect until such time as I submit another Voluntary Payroll Deduction Pledge Form changing or cancelling this notice.

Donation

I would like to make the following donation per paycheck: ☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$ _____

And/or

I would like to make a one-time payroll deduction donation of \$ _____

Designation

This gift will be designated to The Saint Anselm Fund for the college's highest priorities unless otherwise noted:

I hereby authorize the above voluntary payroll deduction. Unless an end date is stated above, this authorization will remain in effect until such time as I submit another Voluntary Payroll Deduction Pledge Form changing or cancelling this notice. I understand the college will not terminate, reassign or change the amount of the deduction without my written authorization.

I am ☐ exempt (salaried) ☐ non-exempt (hourly)

Employee Signature

Date

Please send form to:

Gift Recorder

College Advancement, Box 1738

If you have questions, please contact Kathy Flynn at x7555 or kflynn@anselm.edu.

Thank you for your support!

FOR OFFICE USE ONLY

Entered by Development Office		Entered by Business Office/HR	
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