

YES, I want to support SUNY Brockport's Faculty and Staff Campaign with a contribution of \$ _____

Name _____

(As you wish to be listed in the Roll of Donors) I wish to remain anonymous.

Home address _____

City _____ State _____ Zip _____

Home phone (____) _____

E-mail _____

Department _____ Ext. _____

Full-time employee Part-time employee

Please use my gift for the Extraordinary Scholarship Program.

Please designate my gift for use in the:

(Name of scholarship fund, program or department)

PAYMENT OPTIONS

Check (Payable to The Fund for Brockport)

Please remind me of my pledge

Monthly Quarterly Semi-annually

Credit Card (Please complete the following section)

Please charge my credit card one time in the amount of \$ _____

Please charge my credit card \$ _____ every month for the next year.

MC/VISA/AMEX/Discover# _____ Exp. Date _____

Name as it appears on card _____

Signature _____
(required)

Corporate Matching Gifts: If your spouse works for a company that matches gifts to higher education, you may be able to double or even triple your contribution! Please check with his/her HR department for a matching gift form.

Yes! My spouse's employer will match my gift:

Matching gift form is enclosed.

Will send matching gift form later.

Please send me information on how to make a gift to SUNY Brockport in my will.

I would like to make my gift in memory/honor of

Please send notification to:

Payroll Deduction

Please note that all NEW payroll deduction pledges WILL NOT take effect until current payroll deduction pledges have been fulfilled.

Employee Name: _____ Social Security #: _____

Agency: State University College at Brockport Foundation, Inc. Agency Code: 826

I pledge \$ _____ per pay period for one year

My payroll schedule is: 26 pay periods/yr. 20 pay periods/yr. 21 pay periods/yr. Other: (please specify) _____

To the State Comptroller: Pursuant to Section 201 of the State Finance Law, I hereby authorize you to deduct from each of my biweekly salary checks the deduction amount shown, for purpose of my contributing to a campus-related foundation, and to transmit such withholding amount to the designated provider. I understand that this authorization may be revoked at any time by written notice.

Employee signature: _____ Date: _____

For department use only

Current PD pledge ends on: _____ This PD pledge will begin on paydate: _____