

PAYROLL DEDUCTION FORM*(NAU EMPLOYEES ONLY)***PERSONAL INFORMATION:**

Name: _____ (Internal Use) BSR#: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Spouse/Partner Name: _____
(If you wish the gift to be made in both names)

Email Address: _____

PLEASE DIRECT MY FIRST GIFT TO THE FOLLOWING: THE PRESIDENT'S FUND FOR EXCELLENCE #4210 College/Dept. _____ Fund name/number _____**PLEASE CHECK THE FOLLOWING CHOICES – deductions per paycheck** \$1 \$2 \$5 \$10 \$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____ **One Paycheck** **Deduct** the above amount from each pay period **until I reach my goal** of \$ _____. **Deduct** the above amount from each pay period (24 OR 18 pay periods) **until I cancel this pledge.**
Ongoing pledges automatically renew.**PLEASE DIRECT MY SECOND GIFT TO THE FOLLOWING:** THE PRESIDENT'S FUND FOR EXCELLENCE #4210 College/Dept. _____ Fund name/number _____**PLEASE CHECK THE FOLLOWING CHOICES -- deductions per paycheck** \$1 \$2 \$5 \$10 \$15 \$20 \$25 \$50 \$75 \$100 Other \$ _____ **One Paycheck** **Deduct** the above amount from each pay period **until I reach my goal** of \$ _____. **Deduct** the above amount from each pay period (24 OR 18 pay periods) **until I cancel this pledge.**
Ongoing pledges automatically renew.**This pledge is in addition to my other current pledges** Yes No **I am participating in the Employee Giving Campaign**

Employee I.D number: _____

Signature: _____ (must be signed for PAYROLL DEDUCTION)

NAU Phone: _____ NAU Box: _____ Department: _____

NAU status: (check all that apply)

 FACULTY STAFF ADMINISTRATOR NAU RETIREE**Please print, sign and mail this form to:**Northern Arizona University Foundation
PO Box 4094
Flagstaff, AZ 86011