

NSU Employee Gift Payroll Deduction Form

Thank You!



Please print to physically sign this form, then return your completed form ATTN: Sharon Sullivan, Division of Advancement and Community Relations [Email scanned forms: ssullivan@nova.edu Fax: 23975 Interoffice Code: AVCR (Advancement)]

Check one: [ ] New Pledge [ ] Increase Pledge Amount [ ] Cancel Pledge

N#: \_\_\_\_\_ Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Ext.: \_\_\_\_\_ NSU email: \_\_\_\_\_ Personal email: \_\_\_\_\_

Total Pledge Amount: \$ \_\_\_\_\_ Per Pay Deduction Amount: \$ \_\_\_\_\_

[ ] Yes! I want to impact the next 50 years at NSU.
Per pay period deduction: \$1.93 = \$50/year, \$3.85 = \$100/year, \$9.62 = \$250, \$19.24 = \$500, \$38.47 = \$1,000/year\*

[ ] I want to create a Changing Lives Scholarship (CLS)\*
\*Pledging \$5,000 total or \$38.47 per pay deduction for five years allows you to name a Changing Lives Scholarship. Complete and attach the naming and term form. Changing Lives Scholarship donors also are President's Associates.

Auto Renewal: [ ] Yes (Auto-renew) Initials: \_\_\_\_\_ [ ] No

Please direct my gift to: [ ] Annual Fund (Greatest Need)
[ ] Specific College/Center/Program \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

I understand that my NSU paycheck stub, indicating my payroll deductions, will serve as my receipt.

Signature (print form and sign) \_\_\_\_\_ Date \_\_\_\_\_

[ ] You may include my name and pledge level in the Donor Honor Roll, NSU publications, press releases, and other means of recognizing my support. [ ] You may include my name only for support recognition. [ ] Please do not publish my name.

My name for recognition should appear: \_\_\_\_\_

[ ] I have made a provision in my will for NSU. [ ] I would like to talk with someone about a planned gift.

For Shared Services/Payroll Use Only:

Deduction Code: \_\_\_\_\_ Start in Pay #/Year: \_\_\_\_\_ End in Pay #/Year: \_\_\_\_\_

Shared Services Entry / Date \_\_\_\_\_ Payroll Audit / Date \_\_\_\_\_

For Advancement Services Use Only: Use Pay Period Start/End Dates Only

Pledge #: \_\_\_\_\_ Pay Period Start: \_\_\_\_\_ Pay Period End: \_\_\_\_\_

Pay Day Start: \_\_\_\_\_ Auto Renew: [ ] Yes [ ] No (If "No", provide Pay Period End) [ ] Cancel Pledge

[ ] This is an additional pledge. Per Pay Deduction Amount is now \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Extension \_\_\_\_\_
Advancement Service Representative (print name)