Alfred University Faculty/Staff Donation Form

Our employees are the heart and soul of the University. Every day you make an impact by sharing your ideas, talent and wisdom. Your participation in the Faculty/Staff Campaign is one more way that you can demonstrate your commitment to Alfred University.

Please join us. Together we make a d	irrerence.	
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Please indicate preferred form of p	ayment:	
Payroll Deduction		
☐ First Time Deduction	☐ Revision to Previous Deduction	
Please deduct \$	per pay period beginning:/	
I understand that payroll deduction will	continue until I make a written request for it	to end.
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	ion. Amount per month: \$	
☐ Please continue my monthly gift until I no		
☐ Please continue my monthly gift until:	/	
M	fonth Year t in the Amount of \$	
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Expiration Date		Security Code
☐ My check is enclosed, payable to Alfr	red University.	
☐ My spouse works for a matching gift		ny Name
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Please send of copy of this form to Advancement Services, University Relations, Fasano House

Thank you for your support of Alfred University!