



Faculty and Staff Payroll Deduction Gift Form

Your Name (Please Print)

DelVal Phone Ext.

Department

Date

Signature

Your deduction will start with the first eligible pay upon receipt of signed form and will continue each pay until you notify Human Resources and Development with any changes.

I would like to:

_____ join the payroll deduction program.

_____ modify my existing payroll deduction.

I will donate:

_____ \$5.00 per pay (\$130/year)

_____ \$10.00 per pay (\$260/year)

_____ \$25.00 per pay (\$650/year)

_____ \$50.00 per pay (\$1,300/year)*

_____ Other amount per pay: \$_____

** The 1896 Society consists of DelVal's leadership donors. Those with total giving of \$1,000 and above within a fiscal year (July 1 – June 30) qualify for membership in the 1896 Society.*

Allocation (If you would like to allocate your gift to multiple funds, please indicate below which funds and the split amounts.)

_____ The DelVal Fund

_____ Emergency Financial Aid Fund

_____ Other (Please specify which scholarship, athletics team, or academic department you would like to support.): _____

Please return this form to Development and Alumni Affairs in Burpee House. Thank you!