



**PAYROLL DEDUCTION FORM**

ANY GIFT IS SINCERELY APPRECIATED. WE'RE CHANGING LIVES!

**100% IS TAX DEDUCTIBLE.**

Please print in black or blue ink.

Name (Dr./Mr./Mrs./Ms.) \_\_\_\_\_ ID Number \_\_\_\_\_

Office/Department \_\_\_\_\_ Phone \_\_\_\_\_  
(If Applicable)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Northeast State Foundation will publish an annual donor list. Please choose how you would like to be listed.

Print my name as follows \_\_\_\_\_

List me as anonymous.

**GIVING OPTIONS**

**PAYROLL DEDUCTION (for faculty and staff only)**

**Monthly Payroll**

I hereby authorize a monthly payroll deduction of \$ \_\_\_\_\_, beginning January \_\_\_\_\_ (Year) and ending December \_\_\_\_\_ (Year).

**One-Time Payroll**

I hereby authorize a payroll deduction of \$ \_\_\_\_\_ to be deducted in \_\_\_\_\_ (month/year).

**SCHOLARSHIP OR PROGRAM DESIGNATION (for a listing see Scholarships and Programs Guide on the Forms Drive):** \_\_\_\_\_

**PLANNED GIVING**

I have remembered the Northeast State Foundation in my estate plan (will, real estate, life insurance policy, 401K, 403B, IRA, etc.)

I would like to learn more about planned giving and estate planning.