



FACULTY/STAFF GIFT FORM

PERSONAL INFORMATION (required)

Name (printed)

Campus Extension _____ Campus Box _____

CU

Department _____

DESIGNATION (required)

Please designate my gift to:

Student Emergency Relief Fund

The Clarkson Fund

Other (please specify): _____

Sample Payroll Deduction PER PAY PERIOD FOR A FULL YEAR

<u>Total Gift</u>	<u>Pay Per Period</u>
\$5,000	\$192.31
\$2,500	\$96.15
\$1,896	\$72.92
\$1,500	\$57.69
\$1,000	\$38.46
\$500	\$19.23
\$250	\$9.62
\$100	\$3.85

GIFT/PLEDGE INFORMATION

1. I would like to give via Payroll Deduction. (Please fill out A, B, or C)

A. Recurring gift option: Please deduct \$_____ per pay period until otherwise instructed.

B. FY21 commitment: I would like to make a **total gift** of \$_____. Please allow the payroll office to deduct calculated amount from each remaining paycheck to reach my total gift amount by June 30, 2021.

C. One-time gift option: I would like to make a one-time payroll deduction for the current fiscal year in the amount of \$_____ deducted from the next pay period.

2. My check is enclosed.

3. I will **pledge** to make a gift of \$_____ payable by June 30, 2021. Please send me a reminder.

Signature (required): _____

Date: _____

Thank you for going above and beyond by supporting our students and your Clarkson community.

I would like information about:

- Making my gift through securities.
- Life-income gifts.
- Estate gifts – ensure the future of Clarkson through the Annie Clarkson Society.

Please return completed form to:

Clarkson University, The Clarkson Fund, Box 5530, 8 Clarkson Avenue, Potsdam, NY 13699. To make your gift by credit card, please use our secure online giving website, clarkson.edu/facstaffgiving

Questions?

Contact Melissa Todd at 268-3734 or mtodd@clarkson.edu