

CLARKSON EMPLOYEE PAYROLL DEDUCTION FORM FY24

PERSONAL INFORMATION (required)	DESIGNATION (required)		
Name (printed) Please desig		nate my gift to: son Fund	
Campus Extension Campus Box #	□ Other (please specify):		
CU Department			
Yes, I would be willing to share my donor testimonial through email or social media communications to help advocate for Clarkson.			
GIFT/PLEDGE INFORMATION		Sample Payroll Deduction PER PAY PERIOD FOR A FULL YEAR	
I would like to give via Payroll Deduction.			
(Please choose one of the following)		<u>Total Gift</u>	Pay Per Period
A. Recurring gift option: Please deduct \$ per pay potherwise instructed.	y period until	\$5,200	\$200.00
		\$2,600	\$100.00
B. FY24 commitment: I would like to make a total gift of \$ in FY24. Please allow the payroll office to deduct the applicable amount from each remaining paycheck this fiscal year to reach my total gift.		\$1,950	\$75.00
		\$1,300	\$50.00
		\$520	\$20.00
Signature: Date:		\$390	\$15.00
(required)		\$260	\$10.00
Thank you for your participation in the FY24 Employee Giving Campaign. Each gift has a tremendous impact on our students and contributes to the well-being of Clarkson now and into the future.		\$130	\$5.00
		\$100	\$3.85
Please return completed form to: Clarkson University, Melissa Todd, Box 5530, 8 Clarkson Avenue, Potsdam, NY 13699 or scan and email to <u>mtodd@clarkson.edu</u> . PLEASE NOTE: If you prefer to make a one-time gift, recurring gift, or multi-year pledge with your credit card or			
bank account, please visit clarkson.edu/fsgive to do so. Gifts for FY24 are counted when made from July 1, 2023 –			

June 30, 2024.

Questions? Contact me at 268-3734 or mtodd@clarkson.edu