2019 Employee Payroll Deduction

First Name:_____ Last Name:_____ Emp ID: _____

Department:_____ Email:_____

Please check all that apply:
☐ Alumnus/a
☐ Parent / Past Parent of Student
☐ Current Student
☐ Staff (Hourly)
☐ Administrator
☐ Faculty

Step 1: Will this be *your first deduction,* or *replace or add* to your existing payroll donations?
☐This payroll deduction is **my first** deduction.
☐This payroll deduction should **replace** all my other payroll donations.
☐This payroll deduction should **be in addition to** all my other payroll donations.

Step 2: Choose your area(s) of support by writing in a donation amount *per paycheck*.

General Support

$_____ Monmouth University Scholarship Fund (307050) $_____ Monmouth University Library (03100)

$_____ Monmouth University Excellence Fund (503000) $_____ Center of Distinction for the Arts (303011)

Academic Support

Leon Hess Business School
$_____ Scholarship Fund (307249)

$_____ Excellence Fund (303081)

Wayne D. McMurray School of Humanities & Social Sciences
$_____ Scholarship Fund (307248)

$_____ Excellence Fund (303068)

Marjorie K. Unterberg School of Nursing and Health Studies
$_____ Scholarship Fund (307126)

$_____ Excellence Fund (303007)

School of Education
$_____ Scholarship Fund (307247)

$_____ Excellence Fund (300020)

School of Science
$_____ Scholarship Fund (307159)

$_____ Excellence Fund (300204)

School of Social Work
$_____ Scholarship Fund (307035)

$_____ Excellence Fund (303037)

Other Support

$_____ Athletics Director's Excellence Fund (303526) $_____ Athletic team:_____(M / W)

$_____ Other Area: _____

Step 3: Finish and sign!

$	**Total gift amount per paycheck** *(Add above lines together)*
/ /	**Payroll Deduction Start Date** *(Leave blank to begin as quickly as possible)*

Payroll deductions will continue as stated above unless otherwise noted. You may stop your payroll deductions at any time by contacting the Office of University Engagement at x3489.

☐ I am interested in learning more about creating a named scholarship.
☐ My spouse's company (_____) may match this pledge.

Signature: _____   Date:_____

Please return completed form to:
The Office of University Engagement – Alumni House – University Advancement – Phone: (732) 571-3489

2018EGC