

Employee Payroll Deduction

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

Department: _____ Email: _____

- Please check all that apply:
- | | |
|--|---|
| <input type="checkbox"/> Alumnus/a | <input type="checkbox"/> Staff (Hourly) |
| <input type="checkbox"/> Parent / Past Parent of Student | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Current Student | <input type="checkbox"/> 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

<p>Leon Hess Business School</p> <p>\$ _____ Scholarship Fund (307249)</p> <p>\$ _____ Excellence Fund (303081)</p> <p>Wayne D. McMurray School of Humanities & Social Sciences</p> <p>\$ _____ Scholarship Fund (307248)</p> <p>\$ _____ Excellence Fund (303068)</p> <p>Marjorie K. Unterberg School of Nursing and Health Studies</p> <p>\$ _____ Scholarship Fund (307126)</p> <p>\$ _____ Excellence Fund (303007)</p>	<p>School of Education</p> <p>\$ _____ Scholarship Fund (307247)</p> <p>\$ _____ Excellence Fund (300020)</p> <p>School of Science</p> <p>\$ _____ Scholarship Fund (307159)</p> <p>\$ _____ Excellence Fund (300204)</p> <p>School of Social Work</p> <p>\$ _____ Scholarship Fund (307035)</p> <p>\$ _____ Excellence Fund (303037)</p>
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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: _____