

Name _____

Department _____

Address _____

City / State / Zip _____

Phone _____ Email _____

I authorize Daemen College to deduct \$_____ from my paycheck for _____ (#pay periods), beginning on _____ (date).

TOTAL ANNUAL GIFT: _____

GIFT DESIGNATION:

Annual Fund

Other _____

Signature _____ Date _____

THIS PAYROLL DEDUCTION WILL REMAIN IN PLACE UNLESS YOU SELECT AN END DATE BELOW.

OPTIONAL END DATE _____

OR MAKE A ONE-TIME GIFT:

My check in the amount of \$_____ is enclosed.

Please send to: Office of Institutional Advancement, Daemen College, 4380 Main St., Amherst, NY 14226-3592.

Please charge my credit card for my gift

Circle one: MasterCard / Visa / Discover

Card # _____

Exp. Date _____ 3 Digit Security Code _____

Signature _____ Date _____

SAMPLE DEDUCTION SCHEDULE

Amount Deducted	# of Pay Periods	Total Tax Deductible Contribution
\$2	x 26=	\$52
\$5	x 26=	\$130
\$10	x 26=	\$260
\$15	x 26=	\$390
\$20	x 26=	\$520
\$40	x 26=	\$1040
\$50	x 26=	\$1300
\$100	x 26=	\$2600

For more information please contact Kara Kane, Director of Annual Giving & Stewardship (716) 839-7215 or kkane@daemen.edu.