Faculty/Staff Payroll Deduction Form

Yes! I want to help Metropolitan State students succeed.





Donor information

Name	E	mail		
Home address	C	ity, State	7in	
			μ	
Gift amount and fund designation				
Please designate my gift of 🛛 \$500 🗋 \$250 🗋 \$100 🗌 \$50 🗌 \$25 or other amount \$ to:				
Metro Fund (unrestricted)				
College/School/Department program fund (specify)				
General scholarship fund or specific scholarship (specify)				
□ I wish my gift to remain anonymous.				
Payment options (choose one)				
Payroll deduction:	yroll deduction: Ongoing paycheck deduction of \$ per paycheck (Payroll deductions will be automatically renewed each fiscal year unless we hear from you).			
	□ Increase my current payroll deduction to \$ per paycheck. (New amount)			
	Target amount of \$ per paycheck. (Deduction will continue util target amount is reached.)			
	\Box One-time payroll deduction of \$			
	By signing below, I authorize Metropolitan State to make the deduction(s) listed on this form.			
	Signature	Date	_ (For payroll deduction, we need an original signature/form and cannot accept via email.)	
Check:	Make checks payable to Metropolitan State University Foundation and mail to the address below.			
Credit card:	☐ This is a one-time gift of \$			
	I authorize Metropolitan State University Foundation to charge my credit card			
	in the amount of \$ per month .			
	Mastercard Visa American Express Discover			
If you prefer to give online, visit www.metrostate.edu/	, Card number			
annual-fund-campaign	Expiration date CVV (3-digit # on back of MC/Visa/DC or 4-digit on front of Amex)			
	Name on card			
	Signature			

Your gift is tax-deductible to the extent allowed by law.

Questions? Email us at giftinquiries@metrostate.edu or call 651.793.1808.

Please return this form to: Metropolitan State University Foundation Attn: Annual Fund Drive 700 East Seventh Street, Saint Paul, MN 55106