

Faculty/Staff Payroll Deduction Form

Yes! I want to help Metro State students succeed.



Donor information

Name _____ Email _____
 Home address _____ City, State _____ Zip _____
 Cell phone (____) _____

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) _____
List of scholarship funds and programs: www.metrostate.edu/give
 - I wish my gift to remain anonymous.

Payment options (choose one)

- Payroll 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 until target amount is reached.)
 - One-time payroll deduction of \$_____.

By signing below, I authorize Metro State to make the deduction(s) listed on this form.

Signature _____

- Check:** Make checks payable to **Metro State University Foundation** and mail to the address below.

- Credit card:** This is a **one-time** gift of \$_____
- I authorize Metro State University Foundation to charge my credit card in the amount of \$_____ **per month.**
- Mastercard Visa American Express Discover
- Card number _____
- Expiration date _____
MM/YY
- Name on card _____
- Signature _____

If you prefer to give online, visit
www.metrostate.edu/give

Pay via EFT:

- I would like to have my pledge payment deducted via EFT. I've included a voided check and have signed below.

I authorize Metro State University Foundation to withdraw my pledge payment from my bank account. This EFT authorization will remain in effect until the pledge is fulfilled.

Signature _____

Date _____