NSU Employee Gift Payroll Deduction Form *Thank You!*
Last Updated: 8/21/2018

NSU Florida
NOVA SOUTHEASTERN UNIVERSITY

Please print to <u>physically sign</u> this form, then return your completed form ATTN: Raphael Walters, Division of Advancement and Community Relations [Email scanned forms: rwalters1@nova.edu   Fax: 22514 Interoffice Code: AVCR (Advancement)]

Check one: [ ] New Pledge   [ ] Increase Pledge Amount   [ ] One-time Deduction

N#:_____Title:_____ First Name: _____ Last Name: _____

Phone Ext.: _____ NSU email: _____ Personal email: _____

Total Pledge Amount: $_____.____   Per Pay Deduction Amount: $_____.____

Per pay period deduction: $1.93 = $50/year, $3.85 = $100/year, $9.62 = $250, $19.24 = $500, $38.47 = $1,000/year*

[ ] I want to create a Changing Lives Scholarship (CLS)*
      *Pledging $5,000 total or $38.47 per pay deduction for five years allows you to name a Changing Lives Scholarship. Complete and attach the <u>naming and term form</u>. Changing Lives Scholarship donors also are President's Associates.

Auto Renewal: [ ] Yes *(Auto-renew)* Initials: _____   [ ] No

Please direct my gift to: [   ] NSU Fund (Greatest Need/Scholarships)
                              [   ] Specific College/Center/Program _____

Additional Instructions: _____

I understand that my NSU paycheck stub, indicating my payroll deductions, will serve as my receipt.

_____   _____
Signature *(print form and sign)*   Date

[ ] You may include my name and pledge level in the Donor Honor Roll, NSU publications, press releases, and other means of recognizing my support. [ ] You may include my name only for support recognition. [ ] Please do not publish my name.

My name for recognition should appear: _____

[ ] I have made a provision in my will for NSU.   [ ] I would like to talk with someone about a planned gift.

For Shared Services/Payroll Use Only:

Deduction Code: _____   Start in Pay #/Year: _____   End in Pay #/Year: _____

_____   _____
Shared Services Entry / Date   Payroll Audit / Date

For Advancement Services Use Only: *Use Pay Period Start/End Dates Only*

Pledge #: _____   Pay Period Start: _____   Pay Period End: _____

Pay Day Start: _____   Auto Renew: [ ] Yes   [ ] No (If "No", provide Pay Period End)   [ ] Cancel Pledge

[ ] This is an additional pledge. Per Pay Deduction Amount is now $_____.____

Approved by: _____   _____
                  Advancement Service Representative (print name)   Extension