BOSTON UNIVERSITY

Gift/Pledge Via Payroll Deduction

Please return directly to:
Gifts and Records
595 Commonwealth Avenue, Suite 700
West Entrance, Boston, MA 02215 (Phone: 617-353-2512)
OR via your school's development office

From: _____
Name

Preferred Mailing Address: _____

_____

I hereby authorize an automatic deduction from my paycheck to be credited to the following:

_____
Fund name or purpose of gift

Contribution details:

☐ I wish to contribute a total of $ _____
The deductions should be made over the next _____
pay periods at the rate of $_____ per
month/week.

☐ I wish to have $ _____ per month/week deducted
until further notice

☐ My pay period is _____ *(*Indicate *monthly* or *weekly)*

Signature: _____

Date: _____

Department: _____

University ID Number: _____