



PAYROLL DEDUCTION FORM

ANY GIFT IS SINCERELY APPRECIATED. WE'RE CHANGING LIVES!

100% IS TAX DEDUCTIBLE.

Please print in black or blue ink.

Name (Dr./Mr./Mrs./Ms.) _____ ID Number _____

Office/Department _____ Phone _____
(If Applicable)

Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

The Northeast State Foundation will publish an annual donor list. Please choose how you would like to be listed.

Print my name as follows _____

List me as anonymous.

GIVING OPTIONS

PAYROLL DEDUCTION (for faculty and staff only)

Monthly Payroll

I hereby authorize a monthly payroll deduction of \$ _____, beginning January _____ (Year) and ending December _____ (Year).

One-Time Payroll

I hereby authorize a payroll deduction of \$ _____ to be deducted in _____ (month/year).

SCHOLARSHIP OR PROGRAM DESIGNATION (See back of page for list of Student Needs accounts.)

PLANNED GIVING

I have remembered the Northeast State Foundation in my estate plan (will, real estate, life insurance policy, 401K, 403B, IRA, etc.)

I would like to learn more about planned giving and estate planning.