

Bard College

EMPLOYEE CHARITABLE CONTRIBUTION PAYROLL DEDUCTION FORM

Employee Name

ID #

Address

Bard Office Telephone

Bard E-mail

☞

I would like to make a gift to:

- the Annual Fund (Unrestricted)
 The 150th Anniversary Campaign
 Other _____

Please choose one of the following:

I would like to make a **one time** charitable contribution.

Please deduct \$ _____ from my next paycheck

I would like to make a donation of \$ _____ to be deducted* over a period of

- three months (six paychecks)
 six months (twelve paychecks)
 one year (twenty four paychecks)
 other (please specify: _____)

Please deduct \$ _____ from each paycheck until further notice*.

**You may choose to end your payroll deduction at any time by sending written notification to the Human Resources Office.*

☞

Employee Signature: _____ **Date:** _____

Thank you. All contributions to Bard College are tax-deductible to the fullest extent of the law.

PLEASE RETURN THIS FORM TO THE DEVELOPMENT OFFICE

For Office Use only- Deduction Code: _____ Designation: _____
FOAP: _____-_____ - _____ - _____