



**OFFICE OF THE VICE PRESIDENT OF
UNIVERSITY ADVANCEMENT**

One South Avenue • Garden City • New York • 11530
Nexus Building 200 • T 516.877.3250 • F 516.8776890

THANK YOU FOR MAKING YOUR CHARITABLE GIFT BY PAYROLL DEDUCTION!

Requested by: _____ Date: _____

Email: _____ Department: _____ Phone: _____

Street Address: _____

Apartment/Floor/Suite/etc: _____

City: _____ State: _____ Zip Code: _____

I authorize the Payroll Deduction Department of Adelphi University to deduct the following from my payroll check:

OPTION 1:

Beginning with the first pay period in the month of _____ please deduct \$ _____ each payroll check until further notice.

OR

OPTION 2:

\$ _____ each payroll check for # of _____ pay periods in the total amount of \$ _____

Beginning with the first pay period in the month of _____

My gift is unrestricted or Please designate my gift to _____

Signature: _____ Date: _____

This form must be received by the Office of University Advancement at least 10 business days before the date of the first deduction.

Please complete this form and return it to:

Office of University Advancement, Nexus Building, Office 208
advservices@adelphi.edu

For University Advancement only

GL Account Number: _____

Signature: _____ Date: _____