

DONOR INFORMATION (please print or type)

	l Employee	,,, (b	State Payroll		,						
SALUATION FIF	RST NAME			LAS	ST NAME						
STATE EMPLOYEE ID OR CITY REFERENCE # COLLEGE									DAY	TIME PHONE	
WORK ADDRESS			CIT	CITY					STATE	ZIP CODE	
EMAIL ADDRESS (Pers	onal information	including	e-mail addresses, is	s never shared w	vith third par	ties).					
PLEDGE INF	ORMATIO	NC									
1. PLEASE SEL	ECT PAYRO	LL DE	DUCTION O	R A ONE-T	IME GIF	т.					
			ntribution to are no longer				. This will r	emain in e	ffect until yo	ou authoriz	re to
Easy Payro	oll Deductio	on I w	ant to contrib	ute the follo	owing am	ount per	pay period:				
\$40	.00		\$15.00		\$8.00		Othe	er\$			
\$20	.00		\$12.00		\$5.00						
2. PLEASE ENTER THE FI Charity Code				ID ALLOCATION AN			Charity Code		Charity Code		
Amount Per Pay Period		Amount Per Pay Period		Amount Per Pay Period		Amour Period	Amount Per Pay Period		Amount Per Pay Period		
	ontribute an		contribution o			_			ublications a	nd on the v	website.
FOR OFFICIAL ACTION CODE	USE ONLY DOC NO		ayroll Employee	es Only)							
CD JSN PAYROLL NO											
EFFECTIVE DATE	шш		Ш								
EXPIRATION DATE											
DEDUCTION COD		 	 	1 1 1	1 1	1 1	1 1 1	II I	1 1	1 11 1	
		<u> </u>									
PAYEE CODE REP							0				
PLEASE SIGN	N HERE TO	AUTI	HORIZE YO	UR PLED	 GE.						
Signature						Date	e				

Thank you for your contribution to The CUNY Campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. If you chose the Payroll Deduction method of paying your pledge, you will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to the charitable organization. Consult your tax advisor for more information.