Employee Gift/Pledge Form

____Yes, I wish to support the **Annual Fund** by making a gift of:

___ $1,000 ___ $500 ___ $250 ___ $100

___ $50 Other $_____

All one-year Annual Fund pledges must be paid in full by June 30.

____Yes, I wish to support the **Goal Club** by making a gift of:

___ $1,000 ___ $500 ___ $250 ___ $100

___ $50 Other $_____

All one-year Goal Club pledges must be paid in full by June 30.

Contact and Acknowledgement Information

Name:

Title: Department:

Please select one: ☐ Faculty ☐ Administration/Staff

Telephone extension: E-mail:

Home address:

City: State: Zip:

Payment by check or credit card

☐ My check in the amount of $ payable to Iona College is enclosed.

Please charge $ to my credit card.

☐ MasterCard ☐ VISA ☐ AMEX ☐ Discover

Name on card:

Card number:

Exp. date: ID code: (four digits on front of AMEX; three digits on back of others)

☐ A matching gift in the amount of $ will be made by my spouse's employer.

Payroll Deduction

One-year Pledge

☐ I wish to donate $ _____ to the Annual Fund/Goal Club through payroll deductions.

☐ I understand that payroll deductions for my 2014/2015 gift pledge will be distributed evenly each (remaining) pay period during the current fiscal year which begins July 1 and ends June 30.

OR Multiple-year Pledge:

☐ I wish to donate $ _____ to the Annual Fund/Goal Club through payroll deductions each fiscal year between July 1 - June 30 for the next _____ years, or until I notify the Advancement Office otherwise.

☐ I understand that my donation will be distributed evenly each pay period from my paycheck through the last pay period of each fiscal year that my pledge covers. For each consecutive year it will be renewed on the first pay period of the new fiscal year.

Note:

- Each fiscal year runs from July 1 through June 30. Please check the HR pay schedule for the exact pay period dates.
- A letter acknowledging your gift/pledge will be sent to you once your form is processed.
- You will receive a receipt at the end of the calendar year.

Authorized Signature: Date:

*** SIGNATURE REQUIRED FOR ALL DONATIONS**

Please return this form to: The Office of Annual Giving, Joyce Advancement House • 715 North Avenue • New Rochelle, NY 10801
(914) 633-2412 • Fax (914) 633-2685 • onlinegiving@iona.edu