

*The Annual Fund supports scholarships, student and faculty resources, books, technology and facility maintenance.*

\_\_\_ Yes, I wish to support the Annual Fund by making a gift of:

\_\_\_ \$25 \_\_\_ \$50 \_\_\_ \$100 \_\_\_ \$250 \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ Other \$\_\_\_\_\_

*Note: All one-year Annual Fund pledges must be paid in full by June 30, 2011.*

**Contact and Acknowledgment 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 through payroll deductions.

I understand that payroll deductions for my 2010-11 Annual Fund gift pledge will be distributed evenly for the remaining pay periods during the current fiscal year which ends June 30, 2011.

**OR Multiple-year Pledge:**

I wish to donate \$ \_\_\_\_\_ to the Annual Fund through payroll deductions each fiscal year between July 1 - June 30 for the next \_\_\_\_\_ years.

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.

Total Amount Donating: \$ \_\_\_\_\_ over the course of \_\_\_\_\_ years, ending June 30.

Note: • Each fiscal years runs from July 1 through June 30th. Please check the HR pay schedule for the exact pay period dates.

• Part time employees may not participate in payroll deductions.

• A minimum deduction of \$5 is required per pay period.

Authorized Signature:

Date:

**\* SIGNATURE REQUIRED FOR ALL DONATIONS**