

**2011-2012 Annual Fund Pledge Form**

*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, 2012.*

**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 2011-12 Annual Fund gift pledge will be distributed evenly each (remaining) pay period during the 2011-2012 fiscal year which begins July 1, 2011 and ends June 30, 2012.

**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**