



## 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:	Employee ID:	
Title:	Department:	
Please select one:	<input type="checkbox"/> Faculty <input type="checkbox"/> Administration/Staff	
Telephone extension:	Email:	
Home address:		
City:	State:	ZIP:

Payment by check or credit card	
<input type="checkbox"/> My check in the amount of \$ _____ payable to Iona College is enclosed.	
Please charge \$ _____ to my credit card.	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	
Name on card:	
Card number:	
Exp. date:	ID code: (four digits on front of AMEX; three digits on back of others)
<input type="checkbox"/> A matching gift in the amount of \$ _____ will be made by my spouse's employer.	

Payroll Deduction	
<b>One-year Pledge</b>	
<input type="checkbox"/> I wish to donate \$ _____ to the Annual Fund/Goal Club through payroll deductions.	
<input type="checkbox"/> I understand that payroll deductions for my 2016/2017 gift pledge will be distributed evenly each (remaining) pay period during the current fiscal year which begins July 1 and ends June 30.	
<b>OR Multiple-year Pledge:</b>	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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:	<ul style="list-style-type: none"> <li>• Each fiscal year runs from July 1 through June 30. Please check the HR pay schedule for the exact pay period dates.</li> <li>• A letter acknowledging your gift/pledge will be sent to you once your form is processed.</li> <li>• You will receive a receipt at the end of the calendar year.</li> </ul>

Authorized Signature: _____	Date: _____
<b>* SIGNATURE REQUIRED FOR ALL DONATIONS</b>	