Name_____ ID#_____

Gift amount

Payroll deduction of $_____ /pay period

Start date _____ /_____ /_____ (to continue until canceled)

_____

Signature (required to authorize payroll deduction)

I would like my gift to support:

☐ Whatever the college determines to be its greatest need

☐ Scholarships and financial aid (St. Norbert Fund)

☐ Other_____

_____

_____

Double your dollars

☐ My spouse's employer will match my/our gift. (Please enclose the employer matching gift form or contact the company's human resources office.)

Return this form to:

Jennifer Timmer
Office of College Advancement

Thank you for your support!

Payroll deduction guide

Deduction per period	Annual total gift
$2	$52
$4	$104
$5	$130
$6	$156
$8	$208
$10	$260
$15	$390
$20	$520
$25	$650
$30	$780
$38.50	$1,001

There are 26 pay periods per year.

FOR OFFICE USE ONLY

Payroll _____ / _____
(Initials) (Date)

Gift Coord _____ / _____
(Initials) (Date)