

This form must be returned to: FLORIDA STATE UNIVERSITY FOUNDATION INC.

Attn: Gift Processing

By mail: 2010 Levy Avenue
P.O. Box 3062739

Tallahassee, FL 32306-2739

By fax to: (850) 644-6211

By email to: giftprocessing@foundation.fsu.edu

FLORIDA STATE UNIVERSITY FOUNDATION PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize the **FSU Foundation Payroll Office** to deduct the following as my gift to Florida State University.

NDIVIDUAL INFORMATION	
lame:	
ignature:	Date:
Relationship: ☐ Sp 	ouse 🗆 Life Partner
·	JLD YOU LIKE TO MAKE? ons below. If neither option is checked, the default option is "ongoing" until canceled by employee. ortment, FSU Foundation to cancel the deduction.)
lease begin my deduction in (m	onth/year):
PLEDGE 1.) Please deduct \$ 2.) Please continue until my ple	per pay period. edge amount of \$ is complete.
ONGOING UNTIL I CANCEL	
1.) Please deduct \$	per pay period.
CHANGE IN PAYROLL DEDUCTION This section applies only if you have a gift	ON currently being deducted from your pay.)
☐ Continue my previous dedu	ction(s) in addition to this request.
☐ Cancel my previous deduct☐ Cancel all payroll deduction	on(s) and replace with this request. s.
GIFT DESIGNATION	
wish my gift to be used for:	
☐ Garnet & Gold Scholars	
☐ University Libraries	
☐ Specific area of interest: (Fo	r multiple designations, indicate the amount pledged to each designation.)