



Employee Contribution Form

Employee Information

Name _____ Phone _____

Home Address _____

Department _____ Job Title _____

- Faculty Member
- Administrator
- Staff
- Plant Operations/Security

Is this a joint gift? NO YES Joint gift with (name): _____

Payroll Deduction: Biweekly Monthly

Ongoing payroll deduction
Please deduct \$ _____ from my paycheck each month
Beginning on month/year __/ __

Change in payroll deduction amount
Please change the amount of my monthly payroll deduction to \$ _____
Beginning on month/year __/ __

Change in designation
Please change the designation of my payroll deduction to _____
Beginning on month/year __/ __

Cancel/stop current deduction(s) effective month/year __/ __

One-time Donation:

- Cash Check Credit Card (contact Advancement Services ext. 3216 or 3217)

Amount \$ _____

One-time payroll deduction
Please deduct \$ _____ from my paycheck on month/year __/ __

Please designate my monthly gift to:

\$ _____ The Muhlenberg Annual Fund

\$ _____ Financial Aid

\$ _____ Other – please specify: _____

Return the completed form to Linda George at lindageorge@muhlenberg.edu by the **SIXTH** of the month to be included in payroll for that month. Should you have any questions, please contact Linda at (484) 664-4032 or at lindageorge@muhlenberg.edu. This authorization will remain in effect until notice stating otherwise is received in writing or via email to lindageorge@muhlenberg.edu.

Employee Signature

Date

For Office Use Only	
Date Received from Employee:	Fund Type:
Date Forwarded to Controller:	ID#: