Muhlenberg College

Employee Contribution Form

Employee Information

Name _____ Business ext._____

Home Address _____

_____

Department _____ Title _____

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

Is this a joint gift with spouse/partner? ☐ **NO** ☐ **YES** spouse/partner's name: _____

Payroll Deduction: ***Payroll type: ☐Monthly ☐Biweekly***

☐ One-time payroll deduction

Please deduct $_____ from my paycheck on month/year _ _ / _ _.

☐ 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 $_____ per month.

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 _____.

One-time Donation:

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

Amount $_____.

Please designate my monthly gift to:

$_____The Muhlenberg Fund – Unrestricted – Muhlenberg College's greatest need.

$_____ Financial Aid

$_____ Graduate and Continuing Education

$_____Other – please specify: _____

This authorization will remain in effect until written notice stating otherwise is received from the employee to Mark Mazer, senior director of advancement services. Change or cancellation of this authorization must be made in writing.

_____ _____

Signature Date

All forms should be submitted by the **SIXTH** of the month to be included in payroll for that month.

Please return the completed form to: Mark Mazer, senior director advancement services. Should you have any questions, please contact Mark by phone at ext. 3749.

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