

OFFICE OF INSTITUTIONAL ADVANCEMENT AND ALUMNI RELATIONS

**REGIS COLLEGE FACULTY AND STAFF
VOLUNTARY PAYROLL DEDUCTION FORM**

Name: _____
(Please Print)

Box Number: _____

Department: _____

Extension: _____

____ Yes, I wish to give to the Regis Fund through voluntary payroll deduction. I understand that my gift to the College will be deducted from my post-tax earnings. I also understand that for my tax reporting purposes I will receive a formal printed gift receipt from the College's Institutional Advancement and Alumni Relations Office after the close of the calendar year acknowledging my giving through the payroll deduction plan.

____ Until further notice, please process my payroll deduction as indicated below.

I wish to support Regis College with a gift to be deducted from each paycheck as follows (*choose one*):

1. Fiscal Year Payment Plan

- **Staff Payroll:** I understand that \$ _____ will be deducted from **each** paycheck (post-tax) **bi-weekly for 26 pay periods** beginning on (choose): **July 1.**
- **Faculty Payroll:** I understand that \$ _____ will be deducted from **each** paycheck (post-tax) **monthly for 12 pay periods** beginning on (choose): **July 1.**

(Or)

2. Calendar Year Payment Plan

- **Staff Payroll:** I understand that \$ _____ will be deducted from **each** paycheck (post-tax) **bi-weekly for 26 pay periods** beginning on (choose): **January 1.**
- **Faculty Payroll:** I understand that \$ _____ will be deducted from **each** paycheck (post-tax) **monthly for 12 pay periods** beginning on (choose): **January 1.**

(Or)

3. Customized Payment Plan:

Staff and Faculty Payroll:

- Please have my payroll deduction of \$ _____ begin on or near _____ (date) and conclude on or near _____ (date) for a total (number) of _____ equal payments.

Signature / Date

*Please return completed form to the Office of Institutional Advancement and Alumni Relations – Box 30.
Thank you!*