

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:

 Emily VanderLinden
 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)