

Name	ID#	
Gift amount Payroll deduction of \$/pay period		
rayron deduction of \$		
Start date/ (to continue un	til canceled)	
Signature (required to autho	orize payroll deduction)	
I would like my gift to support:		
	Payroll deduction guide	
☐ Whatever the college determines to be its greatest need	Deduction per period	Annual total gift
☐ Scholarships and financial aid (St. Norbert Fund)	\$2	\$52
·	\$4	\$104
□ Other	\$5	\$130
	\$6	\$156
	\$8	\$208
	\$10	\$260
Double your dollars	\$15	\$390
	\$20	\$520
bouble your dollars	\$25	\$650
☐ My spouse's employer will match my/our gift.	\$30	\$780
(Please enclose the employer matching gift form or	\$38.50	\$1,001
contact the company's human resources office.)	There are 26 pay periods per ye	ear.
	FOR OFFICE USE ONLY	
Return this form to:		
Emily VanderLinden	Payroll/(Date)	
Office of College Advancement	(ζ=,
	Gift Coord/	
Thank you for your support!	(Initials) (Date)	