



2024 – 2025

Faculty and Staff Payroll Deduction Form

Please complete and return to Mandi Wilton Davis, Director of Advancement Operations

Personal Information

Name (printed) _____
Department _____
Work Phone _____ Email Address _____
Signature _____ Date _____

Payroll Deduction

1. Please check one of the following:

- ☐ I would like to keep my existing payroll deduction, and the selection below is in addition to my existing payroll deduction.
- ☐ I would like to void my existing payroll deduction, and the selection below replaces my existing payroll deduction.
- ☐ I do not currently have a payroll deduction.

2. Please choose one of the following options:

Option 1

I pledge \$_____ **per pay**. Please have the Payroll Office deduct this amount from my paycheck as follows:

- ☐ Deduct for the 2024-2025 fiscal year only (*through 5/31/25*).
- ☐ Deduct this amount until further notice.

Option 2

I pledge a **total** of \$_____ for the 2024-2025 fiscal year, which ends 5/31/25. Please have the Payroll Office calculate my per pay deduction so that this amount is paid by 5/31/25.

3. Please complete the gift allocation information below:

The total should match the amount entered in Option 1 or 2 above.

\$_____ The Bonaventure Fund
\$_____ Other _____
\$_____ Other _____
\$_____ Other _____
\$_____ TOTAL

- ☐ I wish to remain anonymous

Advancement: _____ Date processed: _____