

Bard College

EMPLOYEE CHARITABLE CONTRIBUTION PAYROLL DEDUCTION FORM

Employee Name _____

ID # _____

Address _____

Bard Office Telephone _____

Bard E-mail _____

I would like to make a gift to:

- the Bard College Fund (Unrestricted Support)
 Other _____

Please choose one of the following:

- I would like to make a **one time** charitable contribution.

Please deduct \$ _____ from my next paycheck

or

I would like to make a donation of \$ _____ to be deducted* over a period of consecutive pay periods for

- three months
 six months
 one year
 other (please specify: _____)

or

- Please deduct \$ _____ from each paycheck until further notice*.

**You may choose to end your payroll deduction at any time by sending written notification to the Gift Recorder at giftrecorder@bard.edu.*

- I would like to change / increase / re-direct my donation as follows: _____

Please make my gift anonymous

Employee Signature: _____ Date: _____

Thank you. All contributions to Bard College are tax-deductible to the full extent of the law.

PLEASE RETURN THIS FORM TO THE DEVELOPMENT OFFICE

For Office Use only- Deduction Code: _____ Designation: _____

FOAP: _____