



# ALUMNI ASSOCIATION

Please return this form to the FSU Alumni Association, attn: Gift Processing.

By Campus Mail: CM 4532

By USPS Mail: PO Box 3062739, Tallahassee, FL, 32306-2739

By email to: alumni@fsu.edu

## FSU ALUMNI ASSOCIATION PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize the FSU Payroll Office to deduct the following as my gift to FSU Alumni Association.

### INDIVIDUAL INFORMATION

Name (Primary): \_\_\_\_\_ Birth date (MM/DD/YYYY): \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Preferred email: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Joint membership with: \_\_\_\_\_

EMPL ID (Primary Member): \_\_\_\_\_  Faculty (9 Mos.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### WHAT TYPE OF MEMBERSHIP WOULD YOU LIKE?

Please check and complete one of the options below. If no option is checked, the default option is "ongoing gift until I cancel".

Please contact the FSU Alumni Association Gift Processing department at 850.644.2761 to change or cancel payroll deduction.

Please begin my deduction in (month/year): \_\_\_\_\_

ANNUAL MEMBERSHIP Please deduct \$50.00, one pay period.

5 YEAR ANNUAL MEMBERSHIP Please deduct \$250.00, one pay period.

DISCOUNTED ANNUAL MEMBERSHIP

1.) Please deduct \$ 40.00, one pay period.

2.) Select level which applies:

\_\_\_\_ Recent Graduate (three years since last degree) \_\_\_\_ Military (Active/Veteran) \_\_\_\_ Senior (65+)

LIFE MEMBERSHIP PLEDGE (bi-weekly installments of \$60)

1.) Please deduct \$ 60.00 per pay period.

2.) Please continue until my pledge amount of \$ 1,200.00 is complete.

ONGOING GIFT UNTIL I CANCEL

1.) Please deduct \$ \_\_\_\_\_ per pay period.

### CHANGE IN PAYROLL DEDUCTION

(This section applies only if you have a gift currently being deducted from your pay.)

Cancel all payroll deductions for the FSU Alumni Association.

### For FSU ALUMNI Internal Use Only

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\* Above represents code for new deduction in addition to any previous deductions.