

## This form must be returned to: FSU Alumni Association

**Attn:** Alumni Association Gift Processing **By Campus Mail:** CM: 4532 or **By U.S. Mail:** 1030 W. Tennessee St, Tallahassee, FL, 32304

**By fax to:** (850) 644-8847 **By email to:** fsualum@admin.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:	
contact the Gift Processing department,	ons below. <b>If no option is chec</b> FSU Alumni Association at (8		
Please begin my deduction in (mo			
☐ ANNUAL MEMBERSHIP Please	e deduct \$50.00, one pa	y period.	
☐ 5 YEAR ANNUAL MEMBERSHI	P Please deduct \$250.0	)O, one pay period.	
DISCOUNTED ANNUAL MEMB 1.) Please deduct \$ 40.00, one 2.) Select level which applies:Recent Graduate (three year	pay period.	Military (Active/Veteran)Senior (65+)	
☐ LIFE MEMBERSHIP PLEDGE (b	oi-weekly installments of	\$60)	
1.) Please deduct \$ 60.00	per pay period.		
2.) Please continue until my ple	dge amount of \$ <u>1,200.0</u>	00 is complete.	
☐ ONGOING GIFT UNTIL I CANC	EL		
1.) Please deduct \$	per pay period.		
CHANGE IN PAYROLL DEDUCTIO (This section applies only if you have a gift of		ı your pay.)	
☐ Cancel all payroll deductions	s for the FSU Alumni Ass	ociation.	
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For FSU ALUMNI Internal Use	Only		
ALUGEN	-		
ALOGEIT	/LOWDIT 4		