

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 Tennesse Street, Tallahassee, FL, 32304

By email to: fsualumni@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 We (Please check and complete one of the optic contact the Gift Processing department, I Please begin my deduction in (mo	ons below. If no option is chec FSU Alumni Association at (8	
■ ANNUAL MEMBERSHIP Please		
	•	
☐ 5 YEAR ANNUAL MEMBERSHI		JO, 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	i-weekly installments of	\$60)
1.) Please deduct \$ 60.00		
2.) Please continue until my ple	dge amount of \$ <u>1,200.0</u>	<u>)0 </u>
☐ ONGOING GIFT UNTIL I CANC	EL	
1.) Please deduct \$		
CHANGE IN PAYROLL DEDUCTIO		
(This section applies only if you have a gift of		
☐ Cancel all payroll deductions	for the FSU Alumni Ass	ociation.
For FSU ALUMNI Internal Use	Only	
ALUGEN	•	
* Above represents code for new deductio	n in addition to any previous ϵ	deductions.