



ALUMNI ASSOCIATION

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:**
 memberships@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 Gift Processing department, FSU Alumni Association at (850) 644-2761 to cancel the 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

ALUGEN _____ ALUMBR \$ _____

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