

Tufts Payroll Deduction Pledge

Name:

Department, Class, or Affiliation:

To Give via Payroll Deduction (faculty and staff only)

My total pledge of \$_____ will be paid in _____ semi-monthly installments of \$_____ to be paid via payroll deduction, beginning in the month of _____.

Your signature _____ Date _____

Employee ID # _____ Campus Phone Extension _____

Please direct my gift to support:

- | | | |
|---|---|--|
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Library | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> General Operations | <input type="checkbox"/> Research Efforts | <input type="checkbox"/> Faculty Development |

Submit form to Tufts Support Services, tss@tufts.edu . Please also include Advancement Gift & Information Services, giftupdate@tufts.edu when submitting the form to TSS.