

# DAEMEN COLLEGE Payroll Deduction Form

Name \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I authorize Daemen College to deduct \$ \_\_\_\_\_

from my paycheck for

10 pay periods

26 pay periods

ongoing

beginning on \_\_\_\_\_ (date).

**TOTAL ANNUAL GIFT:** \_\_\_\_\_

## GIFT DESIGNATION:

Annual Fund

Other \_\_\_\_\_

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

**THIS PAYROLL DEDUCTION WILL REMAIN IN PLACE UNLESS YOU SELECT AN END DATE BELOW.**

### SAMPLE DEDUCTION SCHEDULE

Amount Deducted	# of Pay Periods	Total Tax Deductible Contribution
\$2	x 26=	\$52
\$5	x 26=	\$130
\$10	x 26=	\$260
\$15	x 26=	\$390
\$20	x 26=	\$520
\$40	x 26=	\$1040
\$50	x 26=	\$1300
\$100	x 26=	\$2600

For more information please contact Kara Kane,  
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