

Name \_\_\_\_\_

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Cell \_\_\_\_\_ Email \_\_\_\_\_

*I authorize Daemen University to deduct \$\_\_\_\_\_ from my paycheck beginning on \_\_\_\_\_ (date).*

### GIFT DESIGNATION:

Annual Fund

Other \_\_\_\_\_

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

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

OPTIONAL END DATE \_\_\_\_\_

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Please charge my credit card for my gift  
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Card # \_\_\_\_\_

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For more information please contact Betsy Webster,  
Director of Advancement Services  
(716) 839-7313 or [ewebster@daemen.edu](mailto:ewebster@daemen.edu).