



#CUNYTUESDAY

24 HOUR GIVING CHALLENGE
11•27•18

2018 #CUNYTUESDAY PAYROLL DEDUCTION FORM

DONOR INFORMATION

First Name **Last Name**

Daytime Phone **Work Email**

College/Campus

Payroll Type *Please refer to your paystub for this information*

City Employee State Employee

CITY REF. # and CD NYS EMPLID

JSN # DEPARTMENT ID

GIFT INFORMATION

AMOUNT PER PAYCHECK I want to contribute the following amount per pay period:

\$40.00 \$20.00 \$15.00

\$12.00 \$6.00 Other \$

TOTAL GIFT AMOUNT For 26 pay periods my total annual contribution is:

\$

ALLOCATIONS Please list the name of CUNY organization and total annual amount designated

\$

\$

\$

\$

ACKNOWLEDGEMENT Please release my name and contact info to my designated organizations:

Home Address:

City: State: Zip:

Personal Email:

AUTHORIZATION Please sign here to authorize your payroll deduction pledge

Signature Date

PLEASE RETURN THIS FORM TO YOUR CAMPUS CAMPAIGN COORDINATOR

FOR OFFICIAL USE ONLY

ACTION CODE	<input type="text"/>	PAYROLL NO.	<input type="text"/>	PAYEE CODE REPORT	<input type="text"/>
DOC NO.	<input type="text"/>	EFFECTIVE DATE	<input type="text"/>	DEDUCTION AMT. +	<input type="text"/>
CD	<input type="text"/>	EXPIRATION DATE	<input type="text"/>		
JSN	<input type="text"/>	DEDUCTION CODE	<input type="text"/>		