Voluntary Deduction Form

Employee name (please print) ___________________________ Employee ID number ___________________________

I authorize the University of Hartford to deduct the amount of $ __________ from each pay period (minimum $1).

Please indicate number of pays.  □ Ongoing  □ Other (please indicate number of pays) ___________________________

Please begin with the pay on ___________________________

Please direct my contribution to:  □ Athletics Impact Fund (where it is needed the most)

□ Support a specific program

Sport: ___________________________

I understand that this agreement may be terminated by me at any time by written notification. Any such notification requires a reasonable time to process.

Signature __________________________________________

Date ________________________________________________

Email address ___________________________ Phone number ___________________________

Please complete and return to:

Chris Adams
Senior Director of Advancement Services
Institutional Advancement

You may also scan and email completed form to cadams@hartford.edu or fax it to 860.768.2454, Attn: Chris Adams.

If you would prefer to make a one-time gift, or would like to hear more about what your gift supports, visit hartforhawks.com/HNC.