



PAYROLL DEDUCTION GIVING FORM

First and last name (print): _____

Home Address: _____

Email: _____ Phone: (____) _____

New deduction enrollment? _____ Amount to deduct per pay period: \$ _____

Would you like to increase your existing deduction? New increased amount per pay period: \$ _____

Designation:

- ☐ Minneapolis College Scholarship Fund
- ☐ President's Excellence Unrestricted Fund
- ☐ Random Acts of Kindness
- ☐ Other _____ (specify program or need)

Signature: _____ Date: _____

Employees who pledge \$19.25 or more per pay period annually
will be recognized as members of the **President's Giving Circle**.

Please send completed form by interoffice mail to Sue Eaton/Foundation or email to sue.eaton@minneapolis.edu