



## 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](mailto:sue.eaton@minneapolis.edu)