

# Farmingdale College Foundation

## PAYROLL DEDUCTION GIFT FORM

Employee Name: \_\_\_\_\_  
RAM ID # \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Preferred Email: \_\_\_\_\_  
Employee of:      NY State      College Auxiliary      Sponsored Research  
Position: \_\_\_\_\_  
Department: \_\_\_\_\_  
I wish to:      START      CHANGE      CANCEL my payroll deduction.  
Effective Date \_\_\_\_ \_\_\_\_ \_\_\_\_  
Please deduct \_\_\_\_\_ from each of my bi-weekly salary checks.

My gift supports:

Farmingdale Fund (Where the need is greatest)  
School of Business  
School of Engineering  
School of Health Sciences

School of Arts & Sciences  
FSC Rams Athletics Fund  
Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please read and sign below:***

I hereby authorize the Farmingdale State College payroll, to deduct from each of my bi-weekly salary checks the deduction shown above for the purpose of my contributing to the Farmingdale College Foundation, and to transmit such withholding amount to the designated provider. I understand that this authorization may be revoked at any time by written notice filed with my payroll office.

Signature: \_\_\_\_\_

Sign and save completed form and email or snail mail to:

Farmingdale College Foundation  
2350 Broadhollow Road  
Horton Hall, Room 120  
Farmingdale, NY 11735  
Attn: Joan Urbanowski

**Email:** joan.urbanowski@farmingdale.edu      **Questions?** Phone: 934.420.2142      **Email:** foundation@farmingdale.edu

Gifts are tax deductible to the extent permitted by law. Our fiscal year ends June 30.