

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 Arts & Sciences

School of Business

FSC Rams Athletics Fund

School of Engineering

Other _____

School of Health Sciences

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.