

## **Payroll Deduction Form**

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Name:	
Job Title:	
Campus Address:	
Home Address:	
City, State, Zip Code:	
Campus Phone:	_Home Phone:
Campus Email Address:	

I wish to designate my g	gift to:	
🗖 Blue & White	e Fund (Greatest Need)	
🗖 Other:		 

I wish to suppo	ort Holy Family University with a pled	ge of \$	_, which is payable	
through (number) of consecutive payroll deductions in the amount of				
\$	_ which I authorize to begin	and end		
My support is renewable annually until I provide written cancellation to the Development Office.				
Signature:				

Please return this form to the Payroll Department (HFH 209/payroll@holyfamily.edu) and send a copy to the Development Office (Marian Hall/jgoldman2@holyfamily.edu). For more information, please contact Jeff Goldman at 267-341-5007 or jgoldman2@holyfamily.edu.

## Thank you for your generous support of Holy Family University!