

Employee Payroll Deduction Form

Yes! I want to support Elizabeth City State University!

Name _____

Banner ID # _____

Campus Address _____

Phone _____

Email _____

Department _____

I authorize a *monthly payroll* deduction of \$ _____

Continue this monthly payroll deduction (**choose one**):

until further notice (your payroll deduction will continue each month until you contact University Advancement)

to end (month/year) _____

This deduction is (**choose one**):

new payroll deduction

an increase of my current deduction to \$ _____ monthly

a decrease of my current deduction to \$ _____ monthly

I authorize a *one-time payroll* deduction of \$ _____

Direct my contribution to the following.

Please note that if an area is not selected, your contribution will be directed to Chancellor's Priorities.

Athletics

Chancellor's Priorities

General Scholarships

Marching Band

School of Education and Business

School of Humanities and Social Sciences

School of Science/Aviation/Health and Technology

WRVS-FM 8.99

Other _____

Your payroll deduction is a charitable gift to The ECSU Foundation, a 501(c)(3) tax-exempt organization that secures philanthropic support to advance the mission and enhance the student experience at Elizabeth City State University. Only the portion of your donation that exceeds the fair market value of any items received is tax-deductible. Consult your tax advisor for more information.

To speak with someone about employee giving or your payroll deduction, contact University Advancement at 252-335-3225.

Signature _____ Date _____

Return this completed form to:

Office of University Advancement

M.D.Thorpe Administration Building, 3rd Floor

Campus Box 978

Fax: 252-335-3542

ecsufoundation@ecs.edu

Thank you for your support!