

NSU Employee Gift Payroll Deduction Form *Thank You!*

- A signature is required before the forms can be submitted. Please provide a signature via DocuSign or print to sign.
- The completed form should be sent either via interoffice mail (Attn: AVCR-University Advancement) or by email at annualfund@nova.edu
- If you have any questions, please contact the Office of Annual Giving at (954) 262-2118.

Check one: New Pledge Increase Pledge Amount One-time Deduction

N#: _____ Title: _____ First Name: _____ Last Name: _____

Phone Ext.: _____ NSU email: _____ Personal email: _____

Total Pledge Amount: \$ _____ Per Pay Deduction Amount: \$ _____

*Per pay period deduction: \$1.93 = \$50/year, \$3.85 = \$100/year, \$9.62 = \$250, \$19.24 = \$500, \$38.47 = \$1,000/year**

I want to create a Changing Lives Scholarship (CLS)*
 *Pledging \$5,000 total or \$38.47 per pay deduction for five years allows you to name a Changing Lives Scholarship. Complete and attach the [naming and term form](#). Changing Lives Scholarship donors also are President’s Associates.

Auto Renewal: Yes (Auto-renew) Initials: _____ No Solicitation Code: _____

Please direct my gift to: President’s NSU Fund (Greatest Need)
 Specific College/Center/Program _____

Additional Instructions: _____

I understand that my NSU paycheck stub, indicating my payroll deductions, will serve as my receipt.

I understand that deductions may take up to three pay periods to commence.

Signature (print form to complete or via DocuSign) Date

You may include my name and pledge level in the Donor Honor Roll, NSU publications, press releases, and other means of recognizing my support. You may include my name only for support recognition. Please do not publish my name.

My name for recognition should appear: _____

I have made a provision in my will for NSU. I would like to talk with someone about a planned gift.

For Shared Services/Payroll Use Only:

Deduction Code: _____ Start in Pay #/Year: _____ End in Pay #/Year: _____

 Shared Services Entry / Date Payroll Audit / Date

For Advancement Services Use Only: *Use Pay Period Start/End Dates Only*

Pledge #: _____ Pay Period Start: _____ Pay Period End: _____

Pay Day Start: _____ Auto Renew: [] Yes [] No (If “No”, provide Pay Period End) [] Cancel Pledge

[] This is an additional pledge. Use DEDN Code: _____

Approved by: _____
 Advancement Service Representative (print name) Extension