

I wish to make a gift to The Fund for Agnes Scott via payroll deduction as outlined below.

Name:	
Department:	
Agnes Scott ID#:_	

#### Signature:\_

For monthly payroll deduction, please return this form to the O ce of Development by the third day of the month in which you wish to begin your payroll deduction. For bi-weekly payroll deduction, please return this form to the O ce of Development at least four weeks prior to the start date of your payroll deduction.

## **DEDUCTION DETAILS**

This is a change to my active payroll deduction and should supersede my previous instructions. Please include my spouse as the Soft Credit recipient:

### Please choose one of the following options:

Defined Pledge (Monthly or Bi-Wee	ekly Payroll)
Monthly deduction: \$	x number of pay periods =total
Bi-Weekly deduction: \$	x number of pay periods =total
Beginning (mo/date/yr):	
Ongoing Gift (Monthly or Bi-Weekl	y Payroll)
Beginning (mo/date/yr) instruct the O ce of Development oth	, please deduct \$from each paycheck until I erwise.
GIFT DESIGNATION	
Student Scholarships Faculty Su	oport Presidential Priorities (area of greatest need)
HONOR/MEMORIAL DETAILS	
Please make my gift in HONOR	MEMORY of:
Name and address of honoree or hono	ree's next of kin:
	MEMORY of:
Name and address of honoree or hono	ree's next of kin:

## **RECOGNITION DETAILS**

In print and electronic publications, please recognize my giving as follows:

In my name Anonymous

# Thank you for your gift to The Fund for Agnes Scott

Please send this original signed hard copy by campus mail to Sheri Dixon in the O ce of Development and keep a copy for your records.

Questions? Contact Sheri Dixon (x6472, sdixon@agnescott.edu).

\*\*\*All gifts are tax-deductible\*\*\*