

Employee Payroll Deduction Pledge Form



YES, I wish to support King's!

Name: _____

Department: _____ **Title:** _____

Phone: _____ **Email:** _____

Home Address: _____

City: _____ **Postal Code:** _____

DESIGNATION

- | | |
|---|--|
| <input type="checkbox"/> Student Emergency Fund | <input type="checkbox"/> Imagine the Future (Land Campaign and Projects) |
| <input type="checkbox"/> King's Fund (Unrestricted) | <input type="checkbox"/> Indigenous Student Award |
| <input type="checkbox"/> Scholarships and Awards | <input type="checkbox"/> Other: _____ |

PAYROLL DEDUCTION

I wish to donate \$_____ per pay Start Date: ____MM ____YY

- My payroll donation will be:
- | | | |
|------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Ongoing | <input type="checkbox"/> 36 Months | <input type="checkbox"/> 24 Months |
| <input type="checkbox"/> 12 Months | <input type="checkbox"/> Other: _____ | |

RECOGNITION

- For the purpose of recognition, I would like my name to appear as follows:

(please print)

OR

- I wish the contribution to remain anonymous

In the event of changes to my personal circumstances, I understand that I may modify or cancel this pledge at any time.

Signature: _____ **Date:** _____

Please return you completed Payroll Deduction Pledge Form to Kim Malcolm, Associate Director of Development and Alumni Engagement, KM119. For more information, please contact Kim at ext 4565 or kim.malcolm@kings.uwo.ca.

Thank you for supporting King's students!

www.kings.uwo.ca/give