



Employee Payroll Deduction Gift Authorization Form

YOUR INFORMATION

Employee or Student ID# _____ Print Name: _____

___ This is a joint gift with my spouse/partner: _____

___ My gift will be matched by: _____ (company name)

___ I wish to remain anonymous. Please list me as an anonymous donor in any donor recognition materials.

AUTHORIZATION AND DESIGNATION

I hereby authorize Hanover College to deduct the amount designated from my paycheck each pay period.

Amount Per Pay Period	Total Annual Gift	Gift Designation ¹
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____

Payroll Type: Monthly Bi-Weekly

This pledge is: a new payroll deduction pledge a change to an existing pledge

This authorization will remain in effect until termination of my employment with Hanover College or until I submit written notice of cancellation to the Office of Human Resources.

Signature: _____ Date: _____

PLEASE RETURN FORM TO:

Kristin LaBolt, Advancement Services
Long Administration Building, Room 11
517 Ball Drive Hanover, IN 47243
Phone: 812-866-7018
Email: labolt@hanover.edu
Fax: 812-866-6849

FOR OFFICE USE ONLY:

___ Copy to Human Resources
___ Copy to Advancement Services

¹ Gifts to the Impact Hanover Fund are unrestricted. All payroll deduction gifts are designated to the Impact Hanover Fund unless specified otherwise.