

BOWDOIN COLLEGE CONTRIBUTION FORM

Bowdoin Staff Assistance Fund

For Faculty or Staff donor to complete:

ID # _____

Date ___/___/___

Name _____
(please print clearly)

Signature _____

My preferred address to receive acknowledgement (tax record) is: _____

Please complete one of the options below:

Option #1: "I hereby authorize Bowdoin College to deduct from my monthly / bi-weekly (circle one) payroll check \$_____ in support of the Bowdoin Staff Assistance Fund.

This agreement is to remain in force until Human Resources is notified in writing to terminate the deductions."

Option # 2: "I hereby authorize Bowdoin College to deduct from my monthly / bi-weekly (circle one) payroll check \$_____ for a total pledge of \$_____ in support of the Bowdoin Staff Assistance Fund. These payroll deductions should remain in force only until the pledge is fulfilled.

Option # 3: Attached is a one time check for \$_____ made payable to Bowdoin College to be directed to the Bowdoin Staff Assistance Fund.

Once completed and signed, please forward to T. Spoerri, Human Resources, McLellan Building, 85 Union Street.

For those paid over 26 pays:

- A pledge of \$5.00 per payroll would yield a gift of \$130 per year.
- A pledge of \$10.00 per payroll would yield a gift of \$260 per year.
- A pledge of \$15.00 per payroll would yield a gift of \$390 per year.

For Human Resources & Development Office Use:

Effective Date ___/___/___ Processed HR _____

Acknowledged ___/___/___ Processed Development _____