

LAFAYETTE COLLEGE

DEVELOPMENT AND COLLEGE RELATIONS

LAFAYETTE COLLEGE PAYROLL DEDUCTION AUTHORIZATION

NAME: (please print) _____

L Number: (located on ID card) _____

I authorize a payroll deduction as follows:

Open ended period of time:

I would like to have \$ _____ deducted from my pay each pay period starting _____, 20__ and continuing until I request the deduction be terminated.

My gift should be directed to _____.

OR

Fixed period of time:

I would like to have \$ _____ deducted from my pay each pay period starting _____, 20__ and ending _____, 20__.

My gift should be directed to _____.

Signature

Date

Thank you for supporting Lafayette!

Please return to: Stephanie Hayes, Development Office, 307 Markle Hall, Easton, PA 18042-1774
Phone: 610-330-5929 Fax: 610-330-5707