

THE FACULTY/STAFF FUND FOR HOFSTRA UNIVERSITY  
Payroll Deduction Form



Date: \_\_\_\_\_

Hofstra ID: 700 - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone Number: (     ) \_\_\_\_\_ Hofstra Address: \_\_\_\_\_ Extension: 3-\_\_\_\_\_

Please deduct \$ \_\_\_\_\_ from each paycheck as an unrestricted gift for The Fund for Hofstra University.

Starting date for payroll deduction: \_\_\_\_\_ Signature \_\_\_\_\_

You may include my name on a roster of payroll deduction participants.

I wish to remain anonymous. Please do not print my name on a roster of payroll deduction participants.

Please return this form to: **PAYROLL DEDUCTION COORDINATOR, Office of Development and Alumni Affairs, 102 Hofstra Hall**  
*For payroll office use only:* (please return yellow, pink and orange copies to Payroll Deduction Coordinator, 102 Hofstra Hall).

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date