

FACULTY/STAFF FUND FOR HOFSTRA UNIVERSITY
Payroll Deduction Form



Date: _____

Hofstra ID: _____ - _____ - _____

Name: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Home Phone Number: () _____ Hofstra Address: _____ Extension: 3-_____

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

Please deduct \$ _____ from each paycheck for the Hofstra University Gala Ball for a total of \$ _____.

Starting date for payroll deduction: _____ Signature: _____

Please return this form to: **PAYROLL DEDUCTION COORDINATOR, Office for Development and Alumni Affairs, Room 102 Hofstra Hall**

For Payroll Office use only: Please return yellow, pink and goldenrod copies to Payroll Deduction Coordinator, Room 102 Hofstra Hall.

Received by

Date