



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: **Gabrielle McCartin, Sr. Director for Development Operations, Office for Development and Alumni Affairs, Room 303A Weller Hall**

Received by

Date