Address City State Zip Cell Phone Home Phone Home Email SMC Employee ID: PAYROLL DEDUCTION GIFT AMOUNT \$8.75/pay period (\$210 gift / year) \$15/pay period (\$360 gift/ year) \$77.63/pay period (1863 Society gift/ year) \$208.34/pay period (President's Circle [\$5,000] gift/year) Recurring gift of \$ per pay period One-time gift of \$ Pledge totaling \$ where \$ is deducted over pay periods START DATE I authorize my deduction to begin*: As soon as possible On the following date: / / *Please allow up to 10 business days for processing. Note that the start and end dates must be on the 15 th or last day of the month. GIFT DESIGNATION I would like my gift to support: Saint Mary's College Scholarships Gael Athletics Other:*	PERSONAL IN	IFORMAT	ION	
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SPOUSE/ PARTNERNFORMATION

Is this a joint gift wi ☐ Yes	th your spouse/ partner? ☐ No
Spouse/Partner Name)
Is your spouse/ part Degree:	ner a n SMC alumnus/na? Year:
MATCHING GIF	Т
☐ My spouse/ partn	er's company will match my gi
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