

PERSONAL INFORMATION

Name

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 15th or last day of the month.

GIFT DESIGNATION

I would like my gift to support:

- Saint Mary's College
- Scholarships Gael Athletics
- Other :* _____

*Please specify the school, program, department, or athletic team of your choice.

SPOUSE/ PARTNER INFORMATION

Is this a joint gift with your spouse/ partner?

- Yes No

Spouse/Partner Name

Is your spouse/ partner a n SMC alumnus/na?

Degree: _____ Year: _____

MATCHING GIFT

My spouse/ partner's company will match my gift.

Name of spouse/