



**Thomas Jefferson University and Hospitals
Office of Institutional Advancement
Payroll Deduction Authorization Form for Faculty and Staff Giving**

Name: _____ Title _____

Preferred Address: _____

Employee I.D. #: (located on the back of ID) _____ Department: _____

Campus Phone: _____ Campus Email: _____

I am a Jefferson (please check one): Administrator Faculty Member Staff Member

I hereby authorize and request Jefferson's Payroll Office to deduct the amount(s) designated below from my paycheck each pay period, and to remit the withheld amount(s) to Office of Institutional Advancement, Thomas Jefferson University and Hospitals.

Continuing Annual Contribution: \$ _____ (deduction will be ongoing until notice to end is provided)

or

Pledge: \$ _____ (deduction will end once total is reached)

Examples: \$2,500/year = \$96.16/pay period
(President's Club Membership Level)
\$1,000/year = \$38.47/pay period
\$500/year = \$19.23/pay period

\$250/year = \$9.62/pay period
\$100/year = \$3.85/pay period

*Examples based upon 26 pay periods per year

Gift Designation: _____ **OR** Unrestricted: TJU TJUH

Payroll Type: Monthly Bi-Weekly One Time Gift

This pledge is:

- A new payroll deduction pledge
- An additional payroll deduction pledge
- A change in an existing pledge

This gift is made in honor of: _____

For annual contributions: This authorization will continue in effect until termination of my employment with Thomas Jefferson University and Hospitals or until I submit written notice of cancellation with the payroll office. **Change or cancellation of this authorization must be made in writing.**

Signature:

Date: _____

Please return form to: Jefferson Office of Institutional Advancement
125 South 9th Street, Ste. 700
Philadelphia, PA 19107
Attn: Payroll deduction

You can also email the above information to sarah.staley@jefferson.edu or call 5-8276 to initiate.