



**KENTUCKY STATE
UNIVERSITY**

Employee Donation Form

PAYROLL OFFICE USE ONLY

Amount per pay period \$ _____

Number of pay periods _____

Date of first deduction _____

Received on _____

Received by _____

Yes! I will participate in the Employee Campaign and it will send a strong message that I believe in Kentucky State University's mission!

Employment Category: Faculty Adjunct Faculty Full-Time Staff Part-Time Staff

Name _____ KSU ID # _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Department _____ Campus Phone _____

Check if you would like to be listed as "anonymous" in all donor recognition materials.

PAYROLL DEDUCTION

I pledge a gift of \$ _____
to Kentucky State University. Total will be divided by
_____ pay periods (max 26).

I authorize these deductions to be made from
my paycheck until I change these
arrangements in writing (*please allow 30 days*) or I am
no longer employed by Kentucky State University.

26 Pay Period Example

<u>Gift Per Pay Period</u>	<u>Total Gift for Year</u>
\$72.54	\$1,886
\$38.46	\$1,000
\$19.23	\$500
\$9.62	\$250
\$3.85	\$100
\$1.92	\$50

ONE-TIME DONATION

Amount: \$ _____

Payment options:

- Cash
- Check (*payable to Kentucky State University*)
- Payroll Deduction

- Credit Card: Visa
 Master Card
 Discover
 American Express

Card #: _____

Exp. Date: _____

Security Code: _____

Designate my contribution to: Where the need is the greatest
 Unrestricted Scholarship Fund
 Other _____

SIGNATURE: _____ DATE: _____

Please return this completed form to the Office of Institutional Advancement
Kentucky State University | 400 East Main Street Hume Hall Suite 202 | Frankfort, KY 40601
advancement@kysu.edu | 502-597-5500

**Faculty and Staff donations are governed by the University's established policy that can be found on
www.kysu.edu. Donation receipts are produced annually by January 31st.**