

## PAYROLL DEDUCTION FORM

East Stroudsburg University

Name	:			
Home	eAddress:			
City:_			State:	Zip:
Phone	e: (H)(W)		(C)	
E-mai	1:			
ESU 7	Γitle and Department:			
	This is a new gift.  I hereby authorize the Commonwealth of P paycheck starting://	-		biweekly from my
	This is a revision to my current payroll deduction.  I hereby authorize the Commonwealth of Pennsylvania to change my current payroll deduction amount of \$ to \$ biweekly from my paycheck starting://*			
Please	e designate my gift to (if selecting more than	one, please	indicate a specific amo	ount for each):
000	Warrior Fund (Area of Greatest Need) College of Arts and Science College of Business Management College of Education College of Health Sciences	_ _ _	Athletics Graduate College University College Student Emergency Sch	holarship Fund
	My spouse works for a matching gift company.  Spouse's Full Name:  Company Name:			
	(Call his/her personnel office or visit www.esufoundation.org / matching gifts to see if a company participates.)			
I woul	ld like to speak with someone from the ESU Four	ndation rega	rding:	
0	Additional Gift Options Establishing a Scholarship Fund Including ESU Foundation in my Estate Plans Other:			
Emplo	oyee Signature:			

www.esufoundation.org/payrolldeducation

Please send your completed form to the East Stroudsburg University Office of Human Resources in the Reibman Administration Building or submit your information online at www.esufoundation.org/payrolldeduction. Please call Human Resources at ext. 3422 or the ESU Foundation at ext. 3333 with questions. You can also make a one-time or recurring credit card gift online at www.esufoundation.org. All gifts made to the ESU Foundation are tax deductible to the extent allowed by law.

<sup>\*</sup>Enrollment in payroll deduction will be continuous until you request to be removed.