

**PAYROLL DEDUCTION FORM** 

East Stroudsburg University

Name:				
Home	Address:			
City:			State:	Zip:
Phone	(H)(W)		(C)	
E-mail	<u> </u>			
ESU T	itle and Department:			
	This is a new gift. I hereby authorize the Commonwealth of 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	designate my gift to (if selecting more that	an one, please	indicate a specific a	mount for each):
	Warrior Fund (Area of Greatest Need) College of Arts and Sciences College of Business and Management College of Education College of Health Sciences		Athletic Director's A Graduate College General Annual Sch Student Emergency Other:	olarship College
	My spouse works for a matching gift company Spouse's Full Name:			
	Company Name:			
I would	d like to speak with someone from the ESU Fo	C		pany participates.)
1 would	The to speak with someone norm the Loo Te	oundation regai	ung.	
	Additional Gift Options Establishing a Scholarship Fund Including ESU Foundation in my Estate I Other:			
Emplo	yee Signature:			
www.es	sufoundation.org/payrolldeduction			

\*Enrollment in payroll deduction will be continuous until you request to be removed.

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 onetime 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.