



Payroll Direct Donation Form

Name: _____ Date: _____

Department: _____ Office Phone: _____ Email: _____

Donation

I would like to donate the following amount per pay period:

- \$4.17 (\$100 annually)
- \$10.42 (\$250 annually)
- \$20.83 (\$500 annually)
- \$41.67 (\$1,000 annually)
- Other: _____

Gift Designation

I would like my gift to go toward:

- Florida Poly Innovation Fund
- Faculty and Research Programs
- Student Scholarships (select scholarship below)
 - General Student Scholarship Fund
 - First Generation Scholarship Fund
 - Students with Disabilities Scholarship Fund

I wish to split my gift equally among the funds that I have marked.

Acknowledgement

I authorize this transaction and understand that to stop or make changes to reoccurring payments, I need to notify the Advancement Department at foundation@floridapoly.edu.

Please send the completed form to both payroll@floridapoly.edu and foundation@floridapoly.edu.