



Name: _____ Date: _____

Location: _____ Office Phone: _____

Department: _____ 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
- General Student Scholarship Fund
- First Generation Scholarship Fund
- Students with Disabilities Scholarship Fund
- John R. Alexander Scholarship Endowment

Acknowledgement

I authorize this transaction and understand that to stop or make changes to this 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.