

**FACULTY/STAFF CAMPAIGN GIVING FORM**

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_  State  Research

Campus Address: Z = \_\_\_\_\_ Campus Ext. \_\_\_\_\_

I would like to make a gift by payroll deduction of: \$ \_\_\_\_\_ per paycheck.

I would like to make an outright gift in the amount of: \$ \_\_\_\_\_

**I WOULD LIKE TO DESIGNATE MY GIFT AS FOLLOWS:**

<b>FUND NAME</b>	<b>FUND NUMBER</b>	<b>AMOUNT*</b>
<input type="checkbox"/> Unrestricted University Support	120500	\$ _____
<input type="checkbox"/> Other (specify) _____	_____	\$ _____
<input type="checkbox"/> Other (specify) _____	_____	\$ _____
<input type="checkbox"/> Other (specify) _____	_____	\$ _____

\* If you are making a payroll deduction gift, indicate the per-paycheck contribution to each fund. If you are making a check or credit card donation, indicate the total dollar contribution to each fund.

**METHOD OF PAYMENT**

Payroll Deduction

New deduction  Add to current deduction  Replace current deduction

The minimum payroll deduction is \$2.00 per paycheck per fund. Total contribution equals the biweekly gift multiplied by 21- or 26-week pay cycle. Deduction begins approximately two payroll cycles after submission of paperwork.

I hereby authorize the SB Payroll Office to deduct from each of my biweekly paychecks the amount indicated for my contribution to the fund(s) designated above. I understand that my contribution will continue until I cancel this authorization by written notice or via e-mail to the Stony Brook Foundation Business Office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check Payable to Stony Brook Foundation

Credit Card  Visa  M/C  AMEX  Discover

Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

My spouse works for a company that will match this gift.

Appreciated Stock

Please contact Mr. Jason Hsueh in the Foundation office. Tel: 632-6536  
The Stony Brook Foundation is an independent, campus-affiliated 501 (c) (3) not-for-profit corporation. Gifts are tax deductible to the fullest extent of the law.

Please mail the completed form (and your check if applicable) to:  
Mr. Rick Guarino • Stony Brook Foundation  
Stony Brook University, 488 Admin. Bldg., Stony Brook, NY 11794-1601  
Tel: 632-4887, Fax: 632-4486

This form can be filled out online at [www.stonybrook.edu/itsaboutus](http://www.stonybrook.edu/itsaboutus)