

# Gift/Pledge Via Payroll Deduction

BOSTON  
UNIVERSITY

Please fill out this form completely and submit to Gifts & Records (address and email below).

Name

Address  State  Zip Code

Email

Department  University ID Number

I hereby authorize an automatic deduction from my paycheck to be credited to the following:

*Fund name or purpose of gift*

## Contribution details

*Pay period information must be filled out.*

My pay period is ☐ monthly or ☐ weekly

*Please choose one of the following options:*

☐ I wish to have \$  per pay period deducted until further notice  
or

☐ I wish to contribute a total of \$   
(total amount you wish to contribute)

The deductions should be made over the next   
(length of time you wish the deductions to be made)

Please start my deduction in   
(month / year)

Signature:  Date:

**Completed forms must be received by Gifts & Records no later than the 15th of the month before the deduction is to begin.**

**Please return to:** Gifts & Records  
595 Commonwealth Avenue, Suite 700  
West Entrance  
Boston, MA 02215

**Phone:** 617-358-0332  
**Email:** [alumgift@bu.edu](mailto:alumgift@bu.edu)