



EMPLOYEE CAMPAIGN GIFT FORM

NAME (FIRST, LAST)	
ADDRESS	
CITY, ST, ZIP	

PAYROLL AUTHORIZATION:

PLEASE CHECK ONE:

- ☐ THE MARIA FUND (UNRESTRICTED THAT SUPPORT WHERE NEED IS THE GREATEST)
☐ GENERAL SCHOLARSHIP FUND
☐ OTHER: _____

I authorize the Business Office to deduction \$ _____ each pay period, beginning DATE: _____

Employee Signature: _____ Date: _____

- ☐ I would like this deduction to be renewed July 1st each year unless I notify the Business Office.
- ☐ I would like to make a one-time payroll deduction from my next paycheck on DATE: _____ for \$ _____

ONE-TIME DONATION:

PLEASE CHECK ONE:

- ☐ THE MARIA FUND (UNRESTRICTED THAT SUPPORT WHERE NEED IS THE GREATEST)
☐ GENERAL SCHOLARSHIP FUND
☐ OTHER: _____

- ☐ ENCLOSED IS MY CHECK MADE PAYABLE TO MARIA COLLEGE.