

Name _____ Employee No. _____
(Please Print) Last First Middle

I authorize a deduction from my paycheck, beginning on the first day of the pay period closest to _____ (date) in the amount of \$ _____ (minimum biweekly deduction is \$1). I understand that this deduction will continue unless modified or cancelled by me in writing.

By donating \$500 or more to the university, Florida Tech will "match" your gift with credit to the Galaxy Society. For more information about this exclusive giving group visit the Galaxy Society online at www.fit.edu/development/galaxy.

- I am a 12 pay period employee
I am a 20 pay period employee
I am a 26 pay period employee

Please use my unrestricted gift where Florida Tech needs it most.

Please designate this gift to support the following school, program or endowment.

Please use my gift to support WFIT.

Please use my gift to purchase a brick for the Florida Tech Terrace. Visit www.fit.edu/development/terrace.html for more information and an application form.

I would like _____ 4" x 8" brick(s) at \$100 each.

I would like _____ 8"x 8" brick(s) at \$500 each.

This gift is eligible for matching by my spouse's employer.

Spouse's name _____

Employer's name _____

Signature _____

Date _____

OFFICIAL USE ONLY

Entered by _____ Date _____ Deduction Code _____ Effective Date _____