

PAYEE CODE REPORT

DEDUCTION AMT. +

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DONOR INFORMATION (please print or type) FIRST NAME WORK EMAIL LAST NAME COLLEGE DAYTIME TELEPHONE COMPLETE THE FIELDS BELOW FOR A PAYROLL DEDUCTION DONATION __ CITY PAYROLL EMPLOYEE __ STATE PAYROLL EMPLOYEE RESEARCH FOUNDATION EMPLOYEE Research Foundation employees may CITY REFERENCE # and CD NYS EMPLID DEPARTMENT ID only make a one-time gift. To make a (N followed by 8 digits) gift by credit card or e-check go to Please refer to your paystub for this information. https://www.giveattheoffice.org/_cuny This is not your CUNY ID. Go to cuny.edu/campaign for instructions. and follow the instructions to register with the college where you work. PLEDGE INFORMATION 1. PLEASE SELECT PAYROLL DEDUCTION OR A ONE-TIME GIFT. Payroll Deduction - I want to contribute the following amount per pay period: \$40.00 \$15.0 \$12.00 \$20.0 \$6.00 Other \$ For 26 pay periods, my annual contribution is \$ ___ ___ One-Time Gift Amount: \$ ____ Enclosed is my check payable to The CUNY Campaign. 2. PLEASE ENTER THE FIVE DIGIT CODE AND ALLOCATION AMOUNT FOR YOUR DESIGNATED CHARITIES. **Charity Code Charity Code Charity Code Charity Code Charity Code Total Amount Total Amount Total Amount Total Amount Total Amount** 3. ACKNOWLEDGEMENT: Please release my name and contact information to my designated charities. (Information is only released to the designated charities with your authorization) Home Address ____ ______ City _____ State _____ Zip Code _____ Email Address PLEASE SIGN HERE TO AUTHORIZE YOUR PAYROLL DEDUCTION PLEDGE. Signature Thank you for your contribution to The CUNY Campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. If you chose the Payroll Deduction method of paying your pledge, you will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to the charitable organization. Consult your tax advisor for more information. FOR OFFICIAL USE ONLY (City Payroll Employees Only) ACTION CODE DOC NO. EFFECTIVE DATE **PMS 25** EXPIRATION DATE DEDUCTION CODE