

## Faculty & Staff Payroll Deduction

NameC	lass year Date
Home address	
Department	Telephone ext
☐ I wish to remain anonymous ☐I would like	e to designate my gift (see below)
☐ I authorize Salve Regina to deduct the following	gift from my paycheck:
☐ I wish to make a continuous pledge. Ple until further notice.	ase deduct \$for each pay period
☐ I wish to make a gift of \$ Please periods beginning with the next pay period.	
Signature	Date
Please designate my gift to	
<ul> <li>□ The SALVEfund</li> <li>□ Annual University Scholarships</li> <li>□ Academic Programs</li> <li>□ Arboretum Fund for Salve Regina</li> <li>□ Compass Experiential Learning Fund</li> <li>□ McKillop Library Endowment</li> <li>□ Mercy Center for Spiritual Life Endowment</li> </ul>	<ul> <li>□ Mercy Emergency Relief Fund</li> <li>□ Pell Center Support</li> <li>□ Performing Arts</li> <li>□ Seahawk Athletics</li> <li>□ Salve Student Service Immersion Fund</li> <li>□ University Endowment</li> <li>□ Other</li> </ul>
Scholarships	
Bottari Family Scholarship Circle of Scholars Endowed Scholarship Dr. Kelli J. Armstrong Scholarship Endowed Scholarship in Visual Art Gateway Fund for Salve Regina Glenn Clark Memorial Scholarship Graduate Alumni Scholarship	<ul> <li>□ Nursing Alumni Scholarship</li> <li>□ Ochre Scholarship (formerly AIMS)</li> <li>□ Sisters of Mercy Endowed Scholarship</li> <li>□ Sophia Endowed Scholarship</li> <li>□ Study Abroad Scholarship</li> <li>□ Theatre Arts Alumni Scholarship</li> <li>□ University Endowed Scholarship</li> </ul>
Judith A. Keenan Scholarship  Dr. Christopher Kiernan Memorial Scholarship	☐ Vision of Mercy Endowed Scholarship

Gifts by credit card are accepted online: www.salve.edu/give-salve.

For information regarding your gift, please call the Office of Advancement x 2902. The University asserts that no goods or services are provided in consideration of your contribution.

The fiscal year ends June 30.