

Employee Giving Form

Please visit <u>www.sunypoly.edu/foundation/employee-giving</u> to make your gift online.

Name: Department:			
Home Address:			
City/State/Zip:		Email:	
Phone Numl	oer: ()		
Step One – Payment Options			
Option 1: Payroll Deduction	Suggested Amounts		Option #2: Direct Gift
☐ I give the SUNY Poly Foundation permission to direct \$ per pay period for the purpose(s) indicated below until further notice. ☐ I give SUNY Poly Foundation permission to direct a total amount of \$ annually over 26 pay periods starting the following pay period for the purpose(s) indicated below.	Per Pay Peri \$57.70 \$38.47 \$19.24 \$14.04 \$9.62 \$3.85 \$2.00	\$1,000	□ My gift of \$is enclosed. (Check payable to SUNY Poly Foundation) □ I would like to make a recurring gift of \$ for the following duration: □ Monthly (for 1 year) CC# ExpCV
Step Two – How to use my Gift			
□ SUNY Poly Annual Fund □ Student Scholarships □ Student Emergency Fund □ General Wildcat Athletics/The Kevin Grimmer Fund		☐ Academic Program: ☐ Athletic Team Designation: ☐ Other Designation: ☐	
Step Three – Other Information			
☐ This gift is made in honor/memory of (circle one):		☐ I have remembered the SUNY Poly Foundation in my estate plans. ☐ I would like more information about including the SUNY Poly Foundation in my estate plans.	
*To the Office of the State Comptroller: I hereby a above for the purpose of contributing to a campus understand the authorization may be revoked at an	-related Foundation	and to transmit such witl	hholding amount to the organization. I
Signature:Date:			

The SUNY Poly Foundation is a 501c3 not-for-profit organization (EIN 23-7412413). All gifts are tax deductible as allowed by law.

Please return this form to: SUNY Poly Foundation, 100 Seymour Rd., Utica, NY 13502 or email foundation@sunypoly.edu