

IMSA FUND FOR ADVANCEMENT OF EDUCATION

Employee Payroll Deduction Authorization Form

Employee Name: _____ SSN: _____

Donor Recognition Preference:

___ I would prefer to be listed in donor recognition materials as:

You could use a more or less formal name and/or include your spouse or partner (i.e., Cathy Veal, or Cathy and Bill Veal, or Mr. ad Mrs. William Veal).

___ I/we would like to be listed as "anonymous" in all donor recognition materials.

New Participants:

I pledge \$ _____ * as a semi-monthly recurring gift to the IMSA Fund for Advancement of Education's annual giving program. I authorize these deductions to be made from my semi-monthly paycheck until I change these arrangements in writing (please allow thirty days) or am no longer employed by IMSA.

Your Signature: _____ Date: _____

Current Participants:

___ Please change my payroll deduction amount to \$ _____ per pay period.

___ Please discontinue my payroll deduction plan participation as of _____ (date).

Your Signature: _____ Date: _____

**All gifts are designated as IMSA/IMSA Fund (greatest need) unless you specify below. The IMSA/IMSA Fund option supports IMSA programs and services, pilots of new initiatives, unexpected opportunities and emergency needs, and IMSA Fund operating expenses.*

Please apply my gift as follows:

- | | |
|---|--|
| <input type="checkbox"/> IMSA/IMSA Fund (greatest need) \$ _____ | <input type="checkbox"/> IMSA Alumni Association (IAA) \$ _____ |
| <input type="checkbox"/> IMSA Parents' Association Council (PAC) \$ _____ | <input type="checkbox"/> Minority Recruitment/Retention \$ _____ |
| <input type="checkbox"/> Student Scholarships \$ _____ | <input type="checkbox"/> Student Inquiry and Research \$ _____ |
| <input type="checkbox"/> Student Leadership Development/Student Life \$ _____ | <input type="checkbox"/> Math and Science Programs \$ _____ |
| <input type="checkbox"/> Humanities and Arts Programs \$ _____ | <input type="checkbox"/> Technology and Equipment \$ _____ |
| <input type="checkbox"/> IMSA Faculty Excellence \$ _____ | <input type="checkbox"/> IMSA Kids Institute \$ _____ |
| <input type="checkbox"/> The Center @ IMSA: Enrichment for Illinois Students \$ _____ | <input type="checkbox"/> The Center @ IMSA: Professional Development for Illinois Educators \$ _____ |

\$ _____ **TOTAL** (should match total pledge amount listed above)

Please return this form to Carolyn Johnson, Advancement Office.

Questions? Please contact Carolyn Johnson, Coordinator of Individual Giving, at 5041 or cjohnson@imsa.edu.

Thank you for your participation and support!

Original to: <input type="checkbox"/> IMSA Fund	Date sent: _____	Copies to: <input type="checkbox"/> Business Office	Date sent: _____
		<input type="checkbox"/> Employee	Date sent: _____