

FACULTY AND STAFF PLEDGE FORM

2017-2018



ST. CLOUD STATE
UNIVERSITY

EDUCATION FOR LIFE.

Foundation

St. Cloud State University
Lewis House
720 Fourth Ave S
St. Cloud, MN 56301

UNLEASH OPPORTUNITY

PAY PERIOD EXAMPLES

Full-time and Part-time Hourly Staff

- 26-pay periods

Full-time Exempt Staff

- 26-pay periods

Adjunct Faculty

- Fall Semester: 9-pay periods
- Spring Semester: 9-pay periods

Full-time Faculty

- Contract, 19-pay option
- Contract, 26-pay option

Please contact the St. Cloud State University Payroll Office at 8-6461 with questions on pay period schedules.

PAYROLL DEDUCTION EXAMPLES FOR FY2018

Amount Pledged	Amount Deducted per Pay Period		
	26	19	9
\$50	\$1.92	\$2.63	\$5.56
\$100	\$3.85	\$5.26	\$11.11
\$250	\$9.62	\$13.16	\$27.78
\$400	\$15.38	\$21.05	\$44.44
\$500	\$19.23	\$26.32	\$55.56
\$750	\$28.85	\$39.47	\$83.33
\$1000*	\$38.47	\$52.64	\$111.12
\$1,250	\$48.08	\$65.79	\$138.89
\$1,500	\$57.69	\$78.95	\$166.67
\$3,000	\$115.38	\$157.89	\$333.33
\$5,000	\$192.31	\$263.16	\$555.56

*Donors of \$1000 or more are eligible for the President's Club, an exclusive SCSU donor society, with special recognition and events.

FACULTY AND STAFF PLEDGE FORM 2017-2018

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Department: _____

E-Mail: _____ I would like my gift to be anonymous

ONE-TIME GIFT

I wish to make a gift of \$ _____ in support of St. Cloud State University!

Please select one of the payment methods below.

Check payable to SCSU Foundation enclosed.

I wish to pay via **Credit Card** (circle one):

Visa MasterCard Discover

Card Number

Expiration Date

Security Code

(Last 3 digits on back of card)

PLEDGE

I wish to make a gift of \$ _____ in support of St. Cloud State University!

Check payable to SCSU Foundation enclosed for my first payment!.

Please send me **Pledge Reminders** (circle one):

Monthly Quarterly Semi-Annually*

 *please specify pledge payment terms

Give Online. It's fast, easy and secure.

Visit www.stcloudstate.edu/campaign

PAYROLL DEDUCTION INSTRUCTIONS

(For payroll giving, you may designate up to 4 funds to receive gifts. Each fund must receive a minimum of \$1 per fund per pay period. I understand that it may take up to 2 pay periods before this will be reflected on my account. Deductions will continue until I instruct otherwise.)

I would like to continue my current payroll deduction

I would like to begin/change payroll deductions at the following level

I authorize St. Cloud State University to deduct \$ _____ per pay period via payroll deduction, beginning on the next available payroll.

I would like to discontinue my payroll giving for FY18

Please indicate how you would like to designate your gift/pledge:

Fund	Fund #	%
<input type="checkbox"/> St. Cloud State Annual Fund	200-025-12058	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Signature: I authorize the transaction(s) outlined above.

Date _____

Please return your completed form to SCSU Foundation, Lewis House, 720 4th Ave S, St. Cloud, MN 56301
Questions may be directed to Joshua M. Lease, 320.308.4970 or jlease@stcloudstate.edu. Thank you!