

PAYROLL DEDUCTION FORM

EMPLOYEE GIVING / FACULTY AND CLASSIFIED STAFF



Employee Information

Name: _____ G Number: _____
Job Title: _____ Division/Unit: _____
Email: _____ Office Phone: _____

Please select your pay schedule: ☐ 9 months per year ☐ 12 months per year

Gift Designations

Mason's Highest Priorities

Please specify the amount you would like deducted per paycheck for each designation below, if any:

Alumni Association Scholarship Endowment:	\$ _____	University Endowment (unrestricted):	\$ _____
Mason Vision Fund (presidential priorities):	\$ _____	Scholarship Fund (general support):	\$ _____
Mason Excellence Fund (our greatest needs):	\$ _____	Mason Athletics (general support):	\$ _____

Other Designations

Please name a specific school, college, or unit at Mason that you wish to support: _____

☐ School Dean's Fund (unrestricted support) \$ _____ ☐ School Scholarship Fund (scholarships, fellowships) \$ _____ ☐ School Library Fund (library holdings for your school) \$ _____

– OR –

If you wish to support a department, athletic team, or another Mason initiative, please name it here: _____

– OR –

Name any other specific fund(s) not noted above:

_____ \$ _____

Gift Authorization

I authorize George Mason University to withhold a total of \$ _____ per pay period,
☐ indefinitely OR for the duration of _____ years OR _____ pay periods, for a total
commitment of \$ _____ (if enrolling indefinitely, write N/A).

- ☐ I currently **DO NOT** have any other donations via payroll deduction.
☐ This deduction is **IN ADDITION TO** other donations via payroll deduction.
☐ This deduction will **REPLACE** any other donations via payroll deduction.

SIGNATURE: _____ DATE: _____

Please print this form, sign it, and return it to the Office of Advancement at 4400 University Drive, MS 1A3, Fairfax, Virginia 22030. You may also email campaign@gmu.edu or call 703-993-8850 with any questions—or to change your deductions at any time. **Thank you for giving back to Mason!**

Jan 2019