

PAYROLL DEDUCTION FORM

Employee Giving/Faculty and Classified Staff



Employee Information

Name: _____ G Number: _____

Email: _____

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

Gift Designations

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

\$ _____ General Scholarship Fund
\$ _____ Mason Excellence Fund (our greatest need)
\$ _____ Other Fund or Mason Initiative
Fund not listed above, please specify: _____

Total Gift Per Year	Per Paycheck* 12 mos.	Per Paycheck* 9 mos.
\$50	\$2.09	\$2.78
\$100	\$4.17	\$5.56
\$250	\$10.42	\$13.89
\$500	\$20.84	\$27.78
\$1,000	\$41.67	\$55.56

*Deductions based on semi-monthly pay period.

Gift Authorization

☐ I authorize George Mason University to withhold \$ _____ per pay period

Select one: ☐ indefinitely

☐ for _____ pay periods, for a total commitment of \$ _____

AND

Select one: ☐ 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.

Signature _____ Date _____

Your contribution is tax deductible to the fullest extent allowed by law.

George Mason University Foundation, Inc. is a registered 501(c)(3) organization, EIN 54-160384

Please print this form, sign, and return it to the Office of Advancement

by email: giftadmin@gmuf.org

by mail: 4400 University Dr. MS 1A3, Fairfax, VA 22030

For questions, please email giftadmin@gmuf.org or call (703) 993-8850.