



ALMA COLLEGE

Payroll Deduction Authorization for Faculty and Staff

Name: _____

Please direct my gift to:

Alma Fund

Academic Excellence Fund _____
(optional: specify academic program)

Scot Loyalty Fund _____
(optional: specify athletic team)

Scot Scholarship Fund

Sponsor an Alma Venture (\$2,500)

Other _____
(please specify)

Payroll Deduction

Amount per pay: \$ _____

Beginning pay: ____/____/____

I am paid: Bi-Weekly Monthly

This is a recurring gift to Alma College that will be deducted from each paycheck. If at any time you would like to stop or change this deduction, please contact the Advancement Office.

Signature _____ Date ____/____/____

For Advancement Use Only:

Date Entered: ____/____/____

RD#: _____