

GIFT VIA PAYROLL DEDUCTION TRANSMITTAL FORM

*Gifts Accounting & Administration
433 Franklin Building/6205
Attn: Pamela Allen
pallen@upenn.edu, Ph.: 898-9210*

Please forward the original form completed and signed to the above address. Thank you.

Section One – Donor Information (Contact Pam Allen 8-9210 if you are considering multiple allocations)

Employee Name: _____
(please print)

Penn ID#: _____

Address: _____ Phone: _____

I am paid: **Monthly** **Weekly**

I am a: **12 Month Employee** **9 Month Employee**

I would like to Pledge (Payroll Element #121 D): \$ _____

Amount to be deducted per pay (Payroll Element #121 G): \$ _____

Start date: _____

(Required)

End date: _____

(Required)

I am currently enrolled in the Gifts via Payroll Deduction Program: **Yes** **No**

Employee Signature: _____
(required)

Section Two – Development Office (Contact Pam Allen 8-9210 if you are considering multiple allocations)

ID Number/Source: _____

Alternate Name/ID/Source: _____

Fund Number: _____ Fund Name: _____

School/Center: _____ Contact/Phone: _____

For Central Offices only: Pledge recorded _____		Multiple funds breakdown w/prior balance:		Multiple funds breakdown w/no balance:	
Prior Declining Balance:	+ _____	Total Pledge Amount (sum of):	\$ _____		
New Pledge Amount:	+ _____	Total Ded. Per Month (sum of):	\$ _____		
New Declining Balance:	= _____	Total Ded. Per Week (sum of):	\$ _____		
New Total Deduction per Month :	\$ _____	(1 of _____ forms attached)			
New Total Deduction per Week :	\$ _____				