



**ST. JOHNSBURY ACADEMY
FACULTY AND STAFF
PAYROLL DEDUCTION FORM**

I, _____ wish to support
(Please print name)

St. Johnsbury Academy by contributing through payroll deduction. I would like my gift to be credited to:

☐ the Annual Fund

☐ Other Fund (please specify) _____

My gift will be paid via payroll deduction through one of the following methods (*please check one*):

☐ **OPTION 1 – ONE-TIME LUMP SUM GIFT**

I authorize St. Johnsbury Academy to deduct \$_____ in a one-time lump sum gift from my paycheck. The amount should be taken out on _____ (please fill in the date).

☐ **OPTION 2 – PAYROLL DEDUCTION BASED ON A SPECIFIC PLEDGE AMOUNT**

I authorize St. Johnsbury Academy to deduct \$_____ per pay period until my total gift equals \$_____. Deductions will begin on ____/____/____.

☐ **OPTION 3 – PAYROLL DEDUCTION BASED ON START AND END DATES**

I authorize St. Johnsbury Academy to deduct \$_____ per pay period, beginning on ____/____/____ and ending on ____/____/____. The total pledge will equal \$_____.

☐ **OPTION 4 – PAYROLL DEDUCTION WITH NO END DATE**

I authorize St. Johnsbury Academy to deduct \$_____ per pay period until such time as I end my employment or notify the Payroll and Development Offices of a change or termination of the gift noted.

I also understand that payroll deductions will end when my employment at the Academy ends.

Employee Signature

Date

If you have any questions while filling out the form, please come to the Alumni/Development Office and we will assist you.
You can also reach Tammi Cady by phone at (802) 751-2010 or by email at tcady@stjacademy.org.

Please deliver or mail completed form to:
Tammi Cady, Alumni/Development Office, Straszko Center at Graham's House
A copy will be provided to the payroll office.