



CONTACT INFORMATION:

Name _____
 Department _____
 Campus Phone _____
 Email _____

PAYROLL DEDUCTION TYPE:

- New payroll gift authorization
- Increase an existing payroll deduction

Please deduct the following amount from each paycheck \$ _____

**Depending upon date of receipt of this form, deductions will begin in one of the next two pay periods and continue until CSB is notified by the donor.*

Signature _____
 Date _____

DESIGNATE GIFT TO:

- Faculty/Staff Annual Scholarship Fund
- Current Scholarships Fund
- Arts Scholarship Fund
- Trustees' Scholarship Fund
- Area of Greatest Need (Unrestricted Annual Fund)
- Other _____

Fiscal Year Gift	Gift Per Pay Period	
	12 Month contract (26 pay periods)	9 Month contract (19 pay periods)
\$2,500	\$96.16	\$131.58
\$1,560	\$60.00	\$82.11
\$1,000	\$38.47	\$52.64
\$780	\$30.00	\$41.06
\$500	\$19.24	\$26.32
\$390	\$15.00	\$20.53
\$260	\$10.00	\$13.69
\$250	\$9.62	\$13.16
\$130	\$5.00	\$6.85

COMMENTS:

Thank you!
You make an immediate difference from today forward.

RETURN TO:

Deb Linnemann
 Annual Giving Associate
 CSB Main 212
 320.363.5013
 dlinnemann@csbsju.edu



COLLEGE OF
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 ANNUAL GIVING
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 St. Joseph MN, 56374
 320.363.5013
 www.givecsb.com