



**Employee Gift Form**  
Administrator – 24 Payments Per Year

I am an  Alumnus  Alumna  Current Parent      Prefix  Mrs.  Ms.  Mr.  Dr.

\_\_\_\_\_  
First Name      University Identification Number (X-Number)

\_\_\_\_\_  
Last Name      Year of Graduation/School (if alumnus)

\_\_\_\_\_  
Home Address      Department

\_\_\_\_\_  
City      State      Zip      My spouse is a St. John's University:  
 Employee  Alumnus/Alumna

I/We are interested in receiving estate planning information

<b>Designate My Gift To</b>	<b>Dean's Discretionary Fund</b>
\$ _____ University's most needed priorities	\$ _____ College of Pharmacy and Health Sciences
\$ _____ Staten Island campus most needed priorities	\$ _____ College of Professional Studies
\$ _____ General scholarship fund	\$ _____ The School of Education
\$ _____ Athletics general fund	\$ _____ School of Law
\$ _____ Other _____	\$ _____ St. John's College of Liberal Arts and Sciences
	\$ _____ The Peter J. Tobin College of Business

\_\_\_\_\_  
Name      Year/School

**The Loughlin Society**

\$1,000 – only \$41.67 per paycheck

**Payment Method (please choose one)**

I authorize St. John's University to

Deduct \$ \_\_\_\_\_ each pay period beginning in (month) \_\_\_\_\_ for \_\_\_\_\_ months for a total gift of \$ \_\_\_\_\_.

Please mark this pledge continuous, I will notify you when I wish to discontinue payroll deductions.

Check – Check enclosed for \$ \_\_\_\_\_ (please make check payable to St. John's University.)

Credit Card – to complete online, visit [www.stjohns.edu/give](http://www.stjohns.edu/give)

Visa  MasterCard  Discover  AmEx

One time or

Please charge my/our credit card for \_\_\_\_\_ months beginning in (month) \_\_\_\_\_ for \$ \_\_\_\_\_ for a total gift of \$ \_\_\_\_\_.

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*Security Code \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*3-digit code on back; AMEX, 4-digit code on front. Security code is mandatory for your payment to be processed.

Billing address is different than mailing address.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address      City      State      Zip

**The Office of Annual Campaigns**

University Center, 2nd Floor  
Tel (718) 990-1816  
Fax (718) 990-6785