



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

I am an <input type="checkbox"/> Alumnus <input type="checkbox"/> Alumna <input type="checkbox"/> Current Parent			Prefix <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> 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: <input type="checkbox"/> Employee <input type="checkbox"/> Alumnus/Alumna		
<input type="checkbox"/> I/We are interested in receiving estate planning information			_____ Name    Year/School		
<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		

**The Loughlin Society**

\$1,000 – only \$41.67 per paycheck

<b>Payment Method (please choose one)</b>	
<input type="checkbox"/> I authorize St. John's University to	
Deduct \$ _____ each pay period beginning in (month) _____ for _____ months for a total gift of \$ _____.	
<input type="checkbox"/> Please mark this pledge continuous, I will notify you when I wish to discontinue payroll deductions.	
<input type="checkbox"/> Check – Check enclosed for \$ _____ (please make check payable to St. John's University.)	
<input type="checkbox"/> Credit Card – to complete online, visit <a href="http://www.stjohns.edu/give">www.stjohns.edu/give</a>	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx	
<input type="checkbox"/> One time or	
<input type="checkbox"/> 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.	
<input type="checkbox"/> Billing address is different than mailing address.	
Name _____	
Address _____	City _____ State _____ Zip _____

**The Office of Annual Campaigns**

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