



**Employee Gift Form**  
Administrator – 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>		
\$ _____ St. John's impact Fund			\$ _____ College of Pharmacy and Health Sciences		
\$ _____ General Scholarship Fund			\$ _____ College of Professional Studies		
\$ _____ Athletics General Fund			\$ _____ The School of Education		
\$ _____ Other _____			\$ _____ School of Law		
			\$ _____ St. John's College of Liberal Arts and Sciences		
			\$ _____ The Peter J. Tobin College of Business		

**The Loughlin Society**

\$1,500 – only \$62.50 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 [stjohns.edu/give](http://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**

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