



Employee Gift Form
Staff – 26 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
Designate My Gift To	Dean's Discretionary Fund
\$ _____ 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)
<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 stjohns.edu/give
<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

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