Faculty and Staff

Payroll Deduction Form

•	on Gift: I authorize Sufformonth(s) or until f	•	educt the followir	ng from my paycheck
☐ Semi-mo	nstallments of \$onthly installments of \$ e gift in the amount of \$	3		
Deduction requests m	ust be received by the 9th c	of the month in order	to be applied to that	t month's paycheck.
Please allocate my	contribution as follow	7S:		
\$CAS School \$SBS School \$Law School	ry Scholarship Initiative vlarship Initiative larship Initiative pol Scholarship Initiativ ease specify)	\$ C. \$ SI	niversity Annual Fund AS Annual Fund 3S Annual Fund aw School Annual Fund	
NAME				
YEAR AND DEGREE (IF APPLICABLE)				
ADDRESS				
CITY, STATE, ZIP				
EMAIL ADDRESS				
DEPARTMENT				
☐ I have included Suffolk University in my estate plans. ☐ I would like to receive information about gift planning opportunities.				
Summa Annual Giving Society Membership Levels				
President's Circle \$25,000+	Deans' Circle \$10,000–\$24,999	Founders \$5,000–\$9,999	Benefactors \$2,500–\$4,999	Members \$1,000-\$2,499
Other Annual Givi	ng Societies			
Archer Society \$750-\$999	Beacon Society \$500–\$749	Tremont Society \$250–\$499	Ashburton Society \$100-\$249	

Please return this completed form to: Suffolk University, Office of Advancement, 8 Ashburton Place, Boston, MA 02108, Attention: Joyce Miller; or fax it to 617.573.8711. For more information, please call 617.573.8443 or email jmiller@suffolk.edu. Thank you.

