



IMSA Fund for Advancement of Education

Employee Payroll Deduction CHANGE Form

Name: _____ Dept: _____

Address: _____ City _____ State _____ Zip _____

Email: _____ Phone: _____

CHANGE

Please **change** my semi-monthly recurring donation amount to \$_____ to support the IMSA Fund for Advancement of Education's annual fund program. I authorize these deductions to be made from my semi-monthly paycheck until I change these arrangements in writing (please allow thirty days) or am no longer employed by IMSA.

Designate my contribution to: *(check one)*

- Annual Fund (IMSA's Greatest Needs)
 Other: _____

IMSA Fund Donor Recognition:

- I would prefer to be listed in donor recognition materials as:

You could use a more or less formal name and/or include your spouse or partner.

- I would like to be listed as "anonymous" in all donor recognition materials.

DISCONTINUE

Discontinue my payroll deduction donation to the IMSA Fund effective _____ **(date)**. Please note that it may take up to 30 days to for the deduction to be removed from your paycheck.

SIGNATURE: _____ **DATE:** _____

Please return this completed form to IMSA's Development Office, Attn: Carolyn Johnson.

For more information, contact Carolyn at (630) 907-5041 or cjohnson@imsa.edu.

Donations to the IMSA Fund for Advancement of Education, a 501(c)(3) nonprofit corporation, are tax deductible in accordance to an individual's tax status. Payroll deduction contributions are received at the end of each calendar year.