



MOLLOY UNIVERSITY

PAYROLL DEDUCTION PLEDGE FORM

For

_____ (Name)

Thank you for your interest in making a pledge to Molloy University. Please use this form to confirm your pledge. Kindly make a copy of this form for your records and return the signed original to Madeline McDonagh, Office of Development.

Social Security No. (last 4 digits): _____

Pledge Amount: _____

Amount per Paycheck: _____

Start Month/Year: _____

Pledge Date: _____

No. of Paychecks: _____

Length of Pledge: _____

Corporate Matching Gifts

This gift will be matched by:

My spouse's employer: _____

Corporate matching gift form is enclosed. Yes No

For instructions on how to make a corporate matching gift, please contact your company's human resources department or matching gift officer.

Planned Gifts

Please send me more information on life income plans. Yes No

My will or trust provides for Molloy University. Yes No

Your Name: _____

Your Address: _____

Your Phone Number: _____

Designate my gift to: _____

Unless otherwise noted in writing, all gifts will be applied to Molloy Student Fund.

Signature: _____ Date: _____

Please sign, date, and return this form to
Madeline McDonagh, Office of Development
Molloy University, P.O. Box 5002
1000 Hempstead Avenue, Rockville Centre, NY 11571-5002