



CAMPUS DESIGNATION

Designate to the following campus(es): _____

DEDUCTION TYPE

- ☐ Deduct \$ _____ per pay period until I revise this authorization in writing.
- ☐ Deduct \$ _____ per pay period until \$ _____ has been contributed.

AREA OF SUPPORT

- ☐ Area of greatest need
- ☐ Emergency Aid
- ☐ Scholarships (Specify) _____
- ☐ Department/Program (Specify) _____
- ☐ Circle of Ivy (Specify Membership Level and Campus Circle) _____
- ☐ Other (Specify) _____

THIS CONTRIBUTION IS ONE OF THE FOLLOWING:

- | | |
|--|---|
| <input type="checkbox"/> in addition to my current deduction | <input type="checkbox"/> new payroll deduction |
| <input type="checkbox"/> replaces my current deduction | <input type="checkbox"/> stop payroll deduction |

FACULTY STATUS: CONTRACTED FACULTY

- ☐ Yes
- ☐ No

Name

C#

Mailing Street or PO Box

City

State

Zip

Phone

Email

Signature

Date

- ☐ Please contact me about placing Ivy Tech in my will, trust, or other estate plans.

DEVELOPMENT OFFICE INTERNAL USE ONLY

Designation# _____ Deduction Amt: _____

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