

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:

in addition to my current deduction new payroll deduction

replaces my current deduction 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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Questions: gifts@ivytech.edu

Development Staff: Please submit a [Foundation Ticket](#) to have the gift recorded.