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# LAFAYETTE COLLEGE

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Development and College Relations

## LAFAYETTE COLLEGE PAYROLL DEDUCTION AUTHORIZATION

**NAME:** (please print) \_\_\_\_\_

**L Number:** (located on ID card) \_\_\_\_\_

I authorize a payroll deduction as follows:

**Open ended period of time:**

I would like to have \$\_\_\_\_\_ deducted from my pay each pay period starting \_\_\_\_\_, 20\_\_ and continuing until I request the deduction be terminated.

My gift should be directed to \_\_\_\_\_.

**OR**

**Fixed period of time:**

I would like to have \$\_\_\_\_\_ deducted from my pay each pay period starting \_\_\_\_\_, 20\_\_ and ending \_\_\_\_\_, 20\_\_.

My gift should be directed to \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for supporting Lafayette!

Please return to: Kim Spang, Development Office, 307 Markle Hall, Easton, PA 18042-1774  
Phone: 610-330-5048 Fax: 610-330-5707