Thomas
COLLEGE

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**PAYROLL DEDUCTION FORM**

Please deduct $ _____ from my bi-weekly payroll.

*Please check one of the following:*

☐ Start date: _____ Stop date: _____

☐ Number of installment payments: _____

☐ Deduct until I request that it stops.

I would like my gift to support:

*Please check one of the following:*

☐ Area of greatest need (Thomas Fund)

☐ Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

*Optional:*

☐ I wish that my gift remains anonymous

☐ My gift in honor/memory of: _____

For recognition purposes, please list my name(s) as: _____

Signature: Date: _____

For any questions, please contact the Office of Advancement at advancement@thomas.edu or (207) 859-1118.