

OFFICE OF ADVANCEMENT Staff Payroll Deduction Form

PERSONAL INFORMATION (for receipting purposes - this address will appear on your receipt)

NAME _____

ADDRESS _____

HOME PH _____ BUS PH _____

DEPARTMENT _____

PLEDGE INFORMATION AND PAYMENT SCHEDULE

PLEDGE IN SUPPORT OF/PAYMENT FOR _____

TOTAL AMOUNT PLEDGED \$ _____ AMT OF EACH DEDUCTION \$ _____

FIRST PAYMENT DATE _____ LAST PAYMENT DATE _____

DEDUCTION FREQUENCY - **BI-WEEKLY (no other option)**

COMMENTS OR ADDITIONAL INSTRUCTIONS

PLEDGE AGREEMENT

I agree to the terms of this pledge, as outlined above, and I agree to honour my pledge.

I understand that *donation pledges* are non-binding, except in the case of *payment pledges* for events (e.g. golf tournament), where I am required to complete my pledge within the time frame outlined by the Olds College Office of Advancement.

Signature _____ Date _____

Witness _____

ADVANCEMENT OFFICE USE ONLY

Advancement Office Cost Centre and Project Name _____

Receipt to be issued? _____ Date of issue and receipt no. _____

Date pledge entered in RE _____ Date copy of this form sent to Payroll _____