## **FACULTY/STAFF CAMPAIGN GIVING FORM**

(Can also be completed onlin	ne at w	vw.stonyb	rook.edu/itsa	boutus)	
Employee Name					
Employee ID			□	State 🖵 Resea	arch
Campus Address Z =			Campus Ext		
☐ I would like to make a gift b	y payroll	deduction	of \$	per payo	heck.
☐ I would like to make an out	right gift	in the amo	unt of \$		
				_	
I WOULD LIKE TO DESIG	NATE N				
FUND NAME		ا		BER AMOUN	
☐ Unrestricted University Sup		((C)d C	120500	\$	
Visit www.stonybrook.edu/itsaboutus  Other (specify)				\$	
Other (specify)					
Other (specify)				_ \$	
* If you are making a payroll dec each fund. If you are making a contribution to each fund.	0	,			
METHOD OF PAYMENT					
☐ Payroll Deduction					
lacksquare New deduction $lacksquare$	Add to c	urrent dedu	iction 🖵 Repl	ace current dedu	ction
The minimum payroll deduction Total contribution equals the biwe begins approximately two payroll	ekly gift r	multiplied by	/ 21- or 26-weel		ction
I hereby authorize the SB Payroll amount indicated for my contrib I understand that my contributio notice or via e-mail to the Stony	ution to t on will cor	he fund(s) ntinue until	designated abo I cancel this au	ve.	
Signature				Date	
☐ Check Payable to Stony Bro	ok Found	lation			
☐ Credit Card	Visa	☐ M/C	■ AMEX	☐ Discover	
Name on Card					
Card #					
Exp. Date		Security	Code (CVN) _		
Signature					
☐ My spouse works for a com					
Appreciated Stock					
Please contact Mr. Jason Hsueh The Stony Brook Foundation is an not-for-profit corporation. Gifts a	n indepen	ident, camp	us-affiliated 5	01 (c) (3)	
Please mail the completed form (	and your	check if app	olicable) to:		

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