



**Collegiate School Faculty/Staff
Annual Fund Payroll Deduction Form**

Please complete this form and return it to the Development Office on the Second Floor or the Development Office mailbox on Lower Level 1.

Questions? Please contact Severn Taylor (staylor@collegiateschool.org or 212-812-8786) or stop by the Development Office on the second floor.

- I would like to make a **onetime gift** to the Collegiate School Annual Fund as an after-tax payroll deduction in the amount of \$_____ (amount) on _____ (date).

OR

- I would like to make a monthly gift to the Collegiate School Annual Fund, as an after-tax payroll deduction in the amount of \$_____ (amount) which will be deducted from each paycheck starting on _____ (month/year) with the last donation on _____ (month/year) (leave this blank if you wish to make this gift on-going).

First and last name (please print)

Job title

Home address

- Check if you wish for your gift to be anonymous

Signature

Date

Alternatively:

Online: to give by credit card click [here](#)

Phone: call Severn Taylor, Development Office: 212-812-8786

Mail: Severn Taylor, Development Office, 301 Freedom Place South, New York, NY 10069

Thank you for your support of Collegiate in so many ways!