Juniata Scholarship Fund FY25 Faculty and Staff Giving Form (Including Payroll Deduction)

ADD	PRESS:
	ARTMENT: I am paid (check one):Bi-weeklyBi-monthly
Ther	re are three ways of giving:
I.	Payroll Deduction:
	(please check one)
	 □ I am not currently enrolled in payroll deduction. □ This is in place of my current payroll deduction. □ This is in addition to my current payroll deduction.
	(please check one)
	☐ Payroll deduction - ongoing . Deduct my gift(s) each pay period until I notify either Human Resources or the Development Office to increase/decrease the stated amount or to stop the deduction process indicated on this form.
	☐ Payroll deduction - fiscal year only: June 2024 – May 2025
	Enter amount and designation for each deduction: (example: Deduct \$10 each pay period for the Juniata Scholarship Fund and \$15 each pay period for JClub.)
	Deduct \$ each pay period for the Juniata Scholarship Fund. Deduct \$ each pay period for Deduct \$ each pay period for Total \$ each pay period.
II.	One-Time Payroll Deduction.
	☐ Deduct \$ in the following specific pay period (s):
	Enter pay period(s) for Enter designation
III.	A 2024-25 gift is enclosed.
	☐ Check enclosed payable to <i>Juniata College</i> . ☐ Credit Card Please charge (circle one): Visa MasterCard Discover American Express Account #: ☐ One Time Payment of \$
	☐ Recurring PaymentsBill my credit card a total of \$ monthly through May 31, 2025. \$ of total should be given to the Juniata Scholarship Fund.
	\$ of total should be given to \$ of total should be given to
	questions concerning your gift designation should be directed to Susan Sieber x 3112. You may also call her with credit card information or go online to www.juniata.edu/give.
	oods or services are provided as whole or part consideration for any Office Use Only
contr	oods or services are provided as whole or part consideration for any ributions made by payroll deduction. All payroll deduction contributions ax deductible as allowed by law. Office Use Only Payroll Deduction Ongoing\$ each pay period.
SIGN	NED total to be deducted each pay period
DAT	E during pay period.
Retu	rn this form to the Development Office, Founders Hall.

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