



BUFFALO STATE
The State University of New York

**We Make a Difference...
Supporting Students Together Since 1988**

**PAYROLL DEDUCTION
NEW DONOR**

Name: _____

Department: _____

Home Address: _____

Campus Address: _____

City/State/ZIP: _____

E-mail: _____

<i>Annual Gift Levels</i>		<i>Bi-Weekly Deduction</i>
\$10,000	Butler Society	\$384.62
\$5,000	Scajaquada Society	\$192.31
\$2,500	Cleveland Council	\$96.16
\$1,500	President's Circle	\$57.70
\$1,000	Founder's Circle	\$38.46
\$500	Rockwell Associates	\$19.24
\$250	Orange & Black Club	\$9.62
\$150	1871 Club	\$5.77

A list of Funds is available at
giving.buffalostate.edu/facultystaffappeal

**Your biweekly deduction and allocations
will go into effect
the first pay period in July 2023**

Make Your Gift Here

\$ _____ Biweekly Deduction

X 26 = \$ _____ Annual Deduction

Bi-weekly Amount	Fund
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

New York State Payroll Deduction Authorization
SUNY— Campus Related Foundation Fund
Buffalo State College Foundation, Inc.

Employee Name: _____

Agency: State University College at Buffalo Agency Code: 28160 Code #: 827 Item #: 827

Bi-weekly Deduction: \$ _____ _____ New Payroll Deduction Donor

To the State Comptroller: Pursuant to section 201 of the State Finance Law, I hereby authorize you to deduct from each of my bi-weekly salary checks the deduction amount shown, for the purpose of my contributing to a Campus-Related Foundation, and transmit such withholding amount to the designated provider. I understand that this authorization may be revoked at any time by written notice filed with my Payroll Office.

Signature of Employee: _____ Date: _____

*Return completed form to: Buffalo State College Foundation, 1300 Elmwood Ave, CLEV 305, Buffalo, NY, 14222
Questions? Contact Kate Lockhart at 878-3077 or at lockhake@buffalostate.edu*