

2020 SUNY BUFFALO STATE FACULTY & STAFF APPEAL

We Make a Difference...

Supporting Students **Together** Since 1988

PAYROLL DEDUCTION New Donor

Name:			Department:			
Home Address:			Campus Address:			
City/State/ZIP:			E-mail:			
Annual Gift Levels \$10,000 Butler Society		<i>Bi-Weekly</i> <u>Deduction</u> \$384.62		Make Your Gift Here		
\$5,000	Scajaquada Society	\$192.31	<u>\$</u>		Biweekly Deduction	
\$2,500	Cleveland Council	\$96.16	X 26 = <u>\$</u>		Annual Deduction	
\$1,500	President's Circle	\$57.70	Bi-weekly			
\$1,000	Founder's Circle	\$38.46	Amount	Fund		
\$500	Rockwell Associates	\$19.24	<u>\$</u>			
\$250	Orange & Black Club	\$9.62	<u>\$</u>			
\$150	1871 Club	\$5.77	<u>\$</u>			
A list of Funds is available at giving.buffalostate.edu/facultystaffappeal			<u>\$</u>			
Your biweekly deduction and allocations will go into effect the first pay period in July 2020		e <u>ct</u>	<u>\$</u>			
New York State Payroll Deduction Authorization SUNY— Campus Related Foundation Fund Buffalo State College Foundation, Inc.						
Employ	ee Name:					
Agency: State University College at Buffalo Agency Co			Code: <u>28160</u>	Code #: <u>827</u>	Item #: <u>827</u>	
Bi-weekly Deduction: \$ New			w Payroll Dedu	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.						
Signatu	re 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