

# UNIVERSITY OF HARTFORD

## INSTITUTIONAL ADVANCEMENT

### Voluntary Payroll Deduction Form

Employee name (please print) \_\_\_\_\_ Employee ID number \_\_\_\_\_

I authorize the University of Hartford to deduct the amount of \$ \_\_\_\_\_ from each pay period.

Please indicate numbers of pays. Ongoing Other (please indicate number of pays) \_\_\_\_\_.

Please begin with the pay on \_\_\_\_\_.

Please direct my contribution to the

UHart Impact Fund, flexible funding supporting needs of all UHart students in real time

Other \_\_\_\_\_

I understand that this agreement may be terminated by me at any time by written notification. Any such notification requires a reasonable time to process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Phone number \_\_\_\_\_

Amount per pay period	Annual Contribution 26 pay period	Annual Contribution 24 pay period	Annual Contribution 20 pay period
\$10	\$260	\$240	\$200
\$25	\$650	\$600	\$500
\$50	\$1,300	\$1,200	\$1,000
\$100	\$2,600	\$2,400	\$2,000

Please return completed form to:

Chris Adams, Senior Director of Advancement Services

Institutional Advancement

Questions: [cadams@hartford.edu](mailto:cadams@hartford.edu)

If you would like to make a one-time gift, or to learn about the impact your gift makes, visit [hartford.edu/giving](http://hartford.edu/giving).

### INTERNAL USE ONLY

PDAEDN HR Representative

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Date processed