

For Advancement Use Only:				
To payroll on _/_/_ By				
Next pay period $_{-}/_{-}/_{-}$				
<pre># pay periods x \$ per pay period = (total)</pre>				

2025 Employee Gift Form

I'm proud to support scholarships, financial aid, and student programs.

Name:	ame: Department:				
Home Addr	ess:				
Phone:	: Email:				
Include your	phone number so we can call to	say "thanks."			
□Staff	□Part-time Staff	□Faculty	□Part-time Faculty	□Adjunct Faculty	
□ Anr □ 25th		my donation towa	rds Goodwin's commitment	to reinventing education that benefits, in honor of the 25th Anniversary.	
(Choose ON 1A.Payroll I	Support: E from EITHER category) Deductions for NEW contribuct a one-time gift of \$ uct installments of \$	fı	rom my paycheck (after Octo each paycheck.	ber 1, 2024).	
☐ Incr	Deductions for CURRENT cores ease my current deduction litinue my current deductions	oy \$ c	or% each pay pe until I notify you otherwise.	eriod.	
Contact Jac	ns about current de de Stoltz, at jstoltz@goodwir Goodwin University to dedu	n.edu ct the above amour	nt from my paycheck.		
Signature.			Date.		
2.Check □ Encl	osed is my contribution of \$		payable to the Goodwin Fou	ndation.	
□ One □ Ame Card Numb	monthly, for -time charge \$ rican Express □ MasterCal er: 's Name:	 rd □ Visa □ Disco Exp. Date	:		
4. Pledge					
•	dge \$ p	ayable by October 1	, 2025.		
	ke to learn more about makin	g a \$2,500 honor g	ift that entitles me to name a	classroom for a year.	
	your support!	. Dloogo inquire	th the employer or our -ff:		

Your spouse's employer may match gifts. Please inquire with the employer or our office. If a form is required, enclose it with this form.



Give online at:

goodwin.edu/foundation/

RETURN TO: Jade Stoltz Goodwin Foundation One Riverside Drive, East Hartford CT, 06118 Phone: 860.727.6976 | Fax: 860.291.9840 | jstoltz@goodwin.edu goodwin.edu/employeegiving