

# UNIVERSITY OF HARTFORD

## INSTITUTIONAL ADVANCEMENT

### Voluntary 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 number of pays.  Ongoing  Other (please indicate number of pays) \_\_\_\_\_

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

Please direct my contribution to the  Anchor Fund (Financial Aid)  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 Contributions/26 pay periods	Annual Contributions/20 pay periods
\$10	\$260	\$200
\$25	\$650	\$500
\$50	\$1,300	\$1,000
\$100	\$2,600	\$2,000

Please complete and return to:

**Chris Adams**  
**Senior Director of Advancement Services**  
**Institutional Advancement**

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

*If you would prefer to make a one-time gift, or would like to hear more about what your gift supports, visit [hartford.edu/giving](http://hartford.edu/giving).*

### INTERNAL USE ONLY

PDAEDN      HR representative \_\_\_\_\_  
Date processed \_\_\_\_\_