

# MIT EMPLOYEE PAYROLL DEDUCTION GIFT FORM

Please mail completed form to:

MIT Office of the Recording Secretary  
Payroll Deduction Gift Program  
600 Memorial Drive, Third Floor  
Cambridge, MA 02139

Phone: 617-253-5048  
Fax: 617-258-8316  
E-mail: RecSec@mit.edu

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I want to contribute the following amount *each* pay period:

- \$5
- \$10
- \$25
- \$50
- Other \$ \_\_\_\_\_

Number of pay periods I wish to contribute:

- Monthly (12)
- Weekly (52)
- Other: \_\_\_\_\_

My *total* payroll deduction gift is: \$ \_\_\_\_\_

\*Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Designate my gift to: \_\_\_\_\_

I authorize CAO to deduct from my payroll the stated amount listed above:

Signature: \_\_\_\_\_ MIT ID Number: \_\_\_\_\_

Date: \_\_\_\_\_

\*After form is submitted, please allow 30 days for processing before deductions begin.