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2011–12 EMPLOYEE GIVING CAMPAIGN

Name: _____

Department: _____ Email: _____

I am committed to the success of our Saint Paul College students and would like to:

- Make a onetime gift of \$_____ by cash or check made out to: Friends of Saint Paul College.
- Make a pledge of \$_____ per pay period.

CHOOSE YOUR GIFT LEVEL

DEDUCTION PER PAY PERIOD	12 MONTH CONTRACT TOTAL	9 MONTH CONTRACT TOTAL
<input type="checkbox"/> \$10.00	\$260.00	\$180.00
<input type="checkbox"/> \$15.00	\$390.00	\$270.00
<input type="checkbox"/> \$20.00	\$520.00	\$360.00
<input type="checkbox"/> \$25.00	\$650.00	\$450.00
<input type="checkbox"/> \$30.00	\$780.00	\$540.00
<input type="checkbox"/> \$35.00	\$910.00	\$630.00
<input type="checkbox"/> \$40.00	\$1040.00	\$720.00
<input type="checkbox"/> \$50.00	\$1300.00	\$900.00
<input type="checkbox"/> \$75.00	\$1950.00	\$1350.00
<input type="checkbox"/> \$90.00	\$2340.00	\$1620.00
<input type="checkbox"/> \$100.00	\$2600.00	\$1800.00
<input type="checkbox"/>		

I am a 12 month employee 9 month employee.

CHOOSE YOUR FUND

Foundation general fund (where the need is greatest) Scholarships

Other (please specify): _____

Signature: _____

Date: _____

Please place this pledge form in Laura Savin's mailbox. Deductions will begin the first pay period after the form is submitted. You may increase, decrease or suspend your gift by calling the Friends of Saint Paul College at 651.846.1469.

Thank you for making a difference!

To pay by credit card or give online, please go to www.friendsofsaintpaulcollege.org.