

Faculty and Staff Pledge Payroll Deduction Form

NU ID #(To obtain your ID #	f, log into myNEU.neu.edu	I. Your NU ID# is the nine dig	Email: it number l	ocated on the top of the Servi	@neu.ed ices & Links pa	lu ge.)	
Last Name			First Name		Middle Initial		
Home Street				Office Telephone Number			
Home City	Home State Home Zip			Campus Department			
I would like to pl	edge \$	per pay check for a dur	ation of _	year(s) mo	nth(s)		
for a total gift of	\$						
I am paid (please	e check one) 🗖 bi-wee	kly □ semi-monthly					
Begin my pledge deduction in the month of year							
Designate My C	Gift To:						
☐ Fund Name: The Northeastern Fund				Fund # <u>1520</u>)02		
OR □ Fund Name:				Fund #		(If known)	
Signature Da							
Please SIG	SN and interoffic	ce to: The Northea	stern F	und, 190 Columbus	s Place (1	90 CP)	
For Office Use Only To: From: Appeal Code:	y DIS The Northeastern Fund ⊠Major / Principal Gift DEV09FS			Questions? For more information call 617.373.5520			
Reminder Schedule To: From: Subject:	Payroll Office Office of Development Payroll Deductions			or e-mail <u>tnf@neu</u>	<u>ı.edu</u> .		
•	roll deduction activity:			Please visit			
Current Account				www.northeaster			
Check one:	Continue? Cancel?			to learn more about the Faculty and Staff Campaign.			
If so, when?				Stati Callipalyll.			
Specify which, if mo	re than one						