



**Fashion Institute of Technology
Employee Giving Campaign Enrollment Form**

One- time Gift

- I would like to make a one time gift: \$ _____ (amount of donation)
- Cash/Check make checks payable to FIT Foundation
- Credit Card Visa/MasterCard/Discover Credit card # _____

Signature _____ Expiration date _____

Payroll Deduction

- I authorize the payroll department to deduct the following from my paycheck:

\$ _____ (Amount per pay period x24 pay periods January 2020-December 2020)
Payroll deduction will start with the next pay period following the date of this form.

Name: _____
FIT @ID: _____
FIT Email Address: _____

Signature _____
(My signature authorizes FIT to make payroll deductions)

Gift Designation

Please select one:

- ☐ General Scholarship Fund
☐ Student Emergency Fund
☐ Educational Development Fund
Will be applied to the most pressing needs
-

Return this form to Samantha Riccio via email: thefoundation@fitnyc.edu

In person: Office of the Foundation, 333 7th Avenue, 16th Floor, New York, NY 10001

*Should you choose to discontinue your payroll deductions, please contact thefoundation@fitnyc.edu
or call 212-217-4108. You must provide a written statement to end the terms, which will take one pay period for processing.