



RHODE ISLAND SCHOOL *of* DESIGN
OFFICE OF INSTITUTIONAL ENGAGEMENT
Two College Street / Providence, RI 02903 / USA

PAYROLL DEDUCTION

Thank you for investing in RISD. Please apply my gift to:

- ☐ RISD's Greatest Needs
- ☐ Financial Aid
- ☐ Social Equity
- ☐ Academic Programming & Faculty
- ☐ Equipment & Technology
- ☐ Student Life
- ☐ RISD Museum Annual Fund
- ☐ Other: _____

NAME

CAMPUS ADDRESS

CAMPUS PHONE

HOME PHONE

SIGNATURE

DATE

PAYROLL DEDUCTION AUTHORIZATION

- ☐ I authorize the Payroll Office to deduct the following amount from my wages. My monthly/ biweekly deduction will be:

- ☐ \$100
- ☐ \$50
- ☐ \$35
- ☐ \$25
- ☐ \$10
- ☐ \$5
- ☐ Other \$ _____

PLEASE CHECK ONE

- ☐ Please maintain this deduction until otherwise instructed.

OR ☐ Total gift of \$ _____ paid over _____ pay periods. Start date ____/____/____
End date ____/____/____

Employee signature _____

Employee ID number _____

Today's Date _____

You are welcome to alter this commitment at any time.

PLEASE RETURN THIS FORM TO:

Office of Institutional Engagement
Rhode Island School of Design
Two College Street
Providence, RI 02903-2784

All gifts are tax-deductible as provided by law. RISD's fiscal year runs July 1–June 30. Questions? Please contact the RISD Fund at 401 454-4483 or giving@risd.edu

Support RISD at support.risd.edu