



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

PAYROLL DEDUCTION

Thank you for investing in Rhode Island School of Design.

Please apply my gift to:

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

NAME *please print*

CAMPUS ADDRESS

CAMPUS PHONE

HOME PHONE

SIGNATURE

DATE

PAYROLL DEDUCTION AUTHORIZATION

- ☐ Yes, I authorize the Payroll Office to deduct the following amount from my wages for the RISD Faculty and Staff Campaign.

My monthly/biweekly deduction will be
(*please check one*):

- ☐ \$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

- ☐ I have already included RISD in my will.
- ☐ I would like to learn more about ways to include RISD in my will.

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 annualfund@risd.edu