

**Contribution to  
Sarah Lawrence College Staff Assistance Fund**

**PLEASE COMPLETE THE FOLLOWING INFORMATION**

Date ___/___/_____
Faculty / Staff Name (please print) _____
Faculty / Staff Signature _____
<i>Mailing Address for Gift Acknowledgement / Receipt</i>
Street: _____
City/State/Zip Code: _____

**OPTION 1**

I, \_\_\_\_\_ wish to make a one-time contribution to Sarah Lawrence Staff Assistance Fund in the amount of:

\_\_\_\_\_ \$25          \_\_\_\_\_ \$50          \_\_\_\_\_ \$100          \_\_\_\_\_ Other

Please make your check payable to Sarah Lawrence College and forward to:  
Fred Feddeck, Advancement Office, Sarah Lawrence College, 1 Mead Way,  
Bronxville, NY 10708.

**OPTION 2**

I, \_\_\_\_\_ wish to contribute via an ongoing payroll deduction of \$\_\_\_\_\_ per weekly / biweekly / monthly pay period, until such time that I notify Human Resources to stop this deduction.

Once this form is completed, please forward the Office of Human Resources at Sarah Lawrence College.

<b>FOR HUMAN RESOURCES AND ADVANCEMENT OFFICE COMPLETION</b>	
EFFECTIVE DATE: ___/___/_____	PROCESSED HR: _____
	PROCESSED ADVANCEMENT: _____