



BRANDON UNIVERSITY

REQUEST FOR DONATION BY PAYROLL DEDUCTION

Employee Name: _____ Ext. _____

DONATION TO BE APPLIED TO:

- Area of Greatest Need
- Campus Master Plan Initiatives
- Brandon College Heritage Fund
- Research & Innovation
- Indigenous Student Success
- Other (please specify): _____

The 50th Fund (please select one):

- Faculty of Arts
- Faculty of Education
- Faculty of Health Studies
- Faculty of Science
- School of Music

DONATION TO COME FROM: (Select One)

1) Overload/Sessional Contract:

Course Number and Title _____ Term _____

NOTE: When donating from an overload/sessional contract, the stipend will be donated in one lump sum after having the appropriate deductions withheld.

2) Regular Bi-weekly Salary:

- Recurring Gift:** Beginning _____ with installments of \$ _____ each.
(date) (amount)

NOTE: A recurring gift will continue until written notice to discontinue is received or employment ends.

OR

- Pledge:** Total Amount of Donation: \$ _____
- Lump Sum **OR** Beginning _____ in _____ installments of \$ _____ each.
(date) (number) (amount)

INCOME TAX ADJUSTMENT (ONLY required for bi-weekly salary donations, not overload/sessional contract)

Please adjust my income tax payable:

- YES** – Income tax payable will be adjusted each pay to reflect the donation, potentially providing a tax savings at present time.
- NO** – Income tax payable will not be adjusted and donation will be claimed when filling your tax return for that year, deferring your potential tax savings to tax time.

PLEASE NOTE: The personal circumstances of each donor will significantly impact the total income tax owing and the benefit derived from a charitable donation. The University assumes no responsibility or liability associated with this adjustment and its impact on income tax payable for donors.

EMPLOYEE SIGNATURE: _____ DATE: _____

Please complete and return this form to the **Office of Advancement and External Relations**

TO BE COMPLETED BY INSTITUTIONAL ADVANCEMENT ONLY

BUF ACCOUNT NUMBER: _____ **BU G/L NUMBER:** _____ **Campaign Code(s)** _____

SIGNATURE: _____ **DATE:** _____