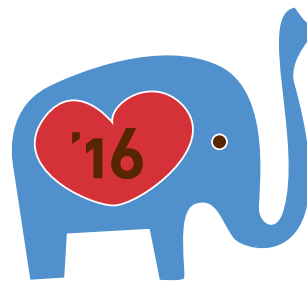


TUFTS COMMUNITY APPEAL

universityrelations.tufts.edu/tca/

Return this form to the President's Office, Ballou Hall, Medford/Somerville Campus
Questions? Call x73780



Name: _____

Tufts Address: _____

Tufts ID: _____

Contact Phone Number: _____

Use this form OR Use Employee Self Service for Payroll Deduction at: <http://eserve.hr.tufts.edu>

(Forgot your Employee Self Service password? Contact TTS at it@tufts.edu or x73376.)

Payroll deductions will start January 1, 2016.

To give during calendar year 2015 please use Credit Card or Check

				Amount Per Pay Cycle (payroll deduction only)	Total Pledge
Tufts Neighborhood Service Fund go.tufts.edu/tnsf	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
Tufts Financial Aid giving.tufts.edu/givenow1 Specify School (optional) _____	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
Community Health Charities newengland.healthcharities.org Specify Agency (optional) _____		<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
Community Works www.communityworks.com Specify Agency (optional) _____		<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
Earth Share New England www.earthsharenewengland.org Specify Agency (optional) _____		<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
Global Impact Charities www.charity.org Specify Agency or Targeted Care (optional) _____		<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
United Way of Mass Bay supportunitedway.org Specify Agency (optional) _____		<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
United Way of Central MA unitedwaycm.org Specify Agency (optional) _____		<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
Charity of Your Choice <i>Please attach separate sheet if more than one charity.</i> Name of Agency: _____ Street Address: _____ City/State/Zip Code: _____		<input type="checkbox"/> CHECK ONLY			
				Grand Total	\$

All checks must be made payable to the specific charity; please do not make checks out to the Tufts Community Appeal.

Payroll Deductions will begin January 1, 2016.

Authorization for payroll deduction or credit card payments:

Signature: _____

Printed Name: _____

(PLEASE PRINT CLEARLY)

If paying by credit card, please complete the following:

(For data security purposes, payment by credit card is available for internal giving options only.)

AMERICAN EXPRESS DISCOVER MASTERCARD VISA

Account #: _____ Expiration Date: ____/____

The Tufts Community Appeal will release your name and address to the recipient organizations for the purpose of gift acknowledgment.

If you do not want your information released for this purpose, initial here _____.

Optional: I do not wish to be included in any raffles (initials)

Raffle prizes will be in the form of gift cards. You do not need to give to participate in the raffle. All employees who register are eligible.