

**Contribution to
Bowdoin Staff Assistance Fund**

PLEASE COMPLETE THE FOLLOWING INFORMATION

Date ___/___/___

Faculty/Staff Name (please print) _____

Faculty/Staff Signature _____

Mailing Address for Gift Acknowledgements / Receipts

Street: _____

City/State/Zip Code: _____

OPTION I

I, _____ wish to make a one-time contribution to the
Bowdoin Staff Assistance Fund in the amount of:

_____ \$25 _____ \$50 _____ \$100 _____ \$200 _____ Other

Please make your check payable to Bowdoin College and forward to: Chris Holdredge,
Director of Development Operations, Development Office, 85 Federal Street, Brunswick,
ME 04011.

OPTION II

I, _____ would like to contribute via an on-going payroll
deduction of \$_____ per bi-weekly/ monthly pay period, until such time that I
notify Human Resources to stop the deduction. Once this form is completed and signed,
please forward to: Human Resources, 3500 College Station, Brunswick, ME 04011.

For Human Resources and/or Development Office Use:

Effective Date ___/___/___

Processed HR _____

Processed Development _____