

1. Select Payment Option (Check Box)
2. For Payroll Deduction, Use Employee Self Service or Enter Pay Cycle Amount
3. Enter Total Pledge Amount

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

If you forgot your Employee Self Service password, contact the university IT support center at uitsc@tufts.edu or 73376.

	Amount Per Pay Cycle	Total Pledge
Tufts Neighborhood Service Fund <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
Tufts Financial Aid <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION Specify School _____	\$	\$
Earth Share of New England <input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION Optional/Specify Agency _____	\$	\$
Community Works <input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION Optional/Specify Agency _____	\$	\$
Community Health Charities <input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION Optional/Specify Agency _____	\$	\$
United Way Mass Bay <input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION Optional/Specify Agency or Targeted Care _____	\$	\$
United Way of Central MA <input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION Optional/Specify Agency _____	\$	\$
Global Impact Charities <input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION Optional/Specify Agency _____	\$	\$
Charity of Your Choice <input type="checkbox"/> PERSONAL CHECKS ONLY* Please provide the following information: Name of Agency: _____ Phone # _____ Street Address: _____ City/State/Zip Code: _____ <small>*Checks must be made payable to the specific charity or agency; please do not make checks out to the Tufts Community Appeal.</small>		\$

Authorization for both payroll deduction or credit card payment:

Signature: _____

Printed Name: _____
(PLEASE PRINT CLEARLY)

If paying by Credit Card, please complete the following: *Note: the credit card option is limited to internal charities due to security reasons*

MASTERCARD VISA Account #: _____ Expiration Date: ____/____

Note: 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, initial here _____

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

List of Agency Options

<http://go.tufts.edu/tca>

Tufts Neighborhood Service Fund

www.tufts.edu/president/tca/tnsf.html

Tufts Financial Aid (Please specify School)

<http://advancement.tufts.edu/>

Earth Share of New England (Optional: Specify Agency)

www.greenfornewengland.org/

Community Works (Optional: Specify Agency)

www.communityworks.com

Community Health Charities (Optional: Specify Agency)

www.healthcharitiesmass.org

United Way of Massachusetts Bay (Optional: Specify Agency)

www.uwmb.org

United Way of Central Massachusetts (Optional: Specify Agency)

www.unitedwaycm.org

Global Impact Charities (Optional: Specify Agency)

www.charity.org

Charity of Your Choice Any chartered non-profit of your choice—Please Note: Checks only

Don't Forget...

Return your pledge form soon to be eligible for weekly raffle prizes!

Verify your pledge by printing your name and signing the form.

Thank you for giving... Thank you for joining us