

Name: _____

Tufts ID: _____

Tufts Address: _____

Contact Phone Number: _____

1. Select Payment Option (Check Box)
2. For Payroll Deduction, 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 Specify School _____	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
Earth Share of New England Optional/Specify Agency _____		<input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
Community Works Optional/Specify Agency _____		<input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
Community Health Charities Optional/Specify Agency _____		<input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
United Way Mass Bay Optional/Specify Agency or Targeted Care _____		<input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
United Way of Central MA Optional/Specify Agency _____		<input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
Global Impact Charities (formerly International Service Agencies) Optional/Specify Agency _____		<input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
Charity of Your Choice Please provide the following information: Name of Agency: _____ 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>		<input type="checkbox"/> PERSONAL CHECKS ONLY*		\$

Authorization for payroll deduction or credit card payments:

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*

AMERICAN EXPRESS DISCOVER 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://ur.tufts.edu/tca>

Tufts Neighborhood Service Fund

<http://ur.tufts.edu/tca/tnsf>

Tufts Financial Aid (Please specify School)

<http://advancement.tufts.edu>

Earth Share of New England (Optional: Specify Agency)

<http://www.earthsharenewengland.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)

<http://supportunitedway.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 raffle prizes!
Verify your pledge by printing your name and signing the form.
Thank you for giving... Thank you for joining us