



3 Ways to Give to Ecology and Evolution Departmental Stony Brook Accounts

SBF Accounts

- 264270** E & E Account for special activities within the department
- 227180** E & E Award for Student Excellence ****NEW****
- 299710** Organization for Tropical Studies (grad/faculty travel to OTS courses)
- 299980** Friends of the Ashley Schiff Preserve (to keep park forever wild)
- 362010** L. Slobodkin Graduate Student Research Endowment
- 362350** R. R. Sokal Graduate Student Research Endowment
- 363800** G. Williams Graduate Student Research Endowment.
- 364510** Lev Ginzburg Endowed Lecture in Ecology
- 366460** Douglas Futuyma Endowed Lecture in Evolution
- 364180** Rohlf Medal Award in Morphometrics

1. *Credit Card Charge Authorization Form

Donor Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home telephone: _____ Business telephone: _____

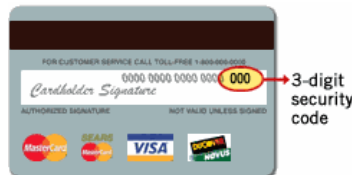
Billing address if different: _____ City: _____

State: _____ Zip: _____ Country: _____

Card Type: VISA _____ MASTERCARD _____ AMEX _____ DISCOVER _____

Credit Card #: _____ Expiration Date: _____

Cardholder's Signature: _____



Gift Amount: _____ SBF Account: _____

For Visa, MasterCard and Discover only, print last 3 digits that appear on signature line on back of credit card: _____

2. Checks may be sent to: Donna DiGiovanni, Assistant to the Chair
Department of Ecology & Evolution
State University of New York
Stony Brook, NY 11794-5245

Please make your check out to: The Stony Brook Foundation
Place fund #(s) in memo.

3. Payroll Deduction for State and RF Employees

Kindly respond to all areas below to ensure accurate payroll contribution and year end receipt for income tax deduction purposes: (All are Required)

I wish to give a gift in support of (SBF Account Number): _____

Name: _____

EMPID: _____

Campus Address: _____

Home Address: _____

Work Phone #: _____ Circle if you're an Alum

I would like to make a *BI-weekly donation* from each of my pay checks in the amount of:

- Different** _____ \$50 \$40 \$25 \$15 \$10 \$5
- \$100 \$500 1,000

Please mark accordingly: State Employee 26 week pay cycle
(Required) Research Employee 21 week pay cycle

Payroll deduction begin approx. two week after forms are received. Total contribution is computed at the biweekly rate multiplied by either 21 (10 month) or 26 (annual) pay cycles.

***Payroll deduction authorization form:**

I hereby authorize the SB Payroll Office to deduct from each of my BI-weekly paychecks the amount indicated for my contribution to the designated provider/s. I understand that my contribution will continue until I cancel this authorization by written to "It's About Us!"
488 Admin, Stony Brook, NY 11794-1601 (ph:632-4887 fax:632-4486) or via **e-mail** to Kathleen.Weber@stonybrook.edu.

Signature of Acceptance: _____ **DATE:** _____

*** Please return completed form to Stony Brook Advancement, 488 Admin, Stony Brook, NY 11794-1601 (ph:632-4887)**