

KENT STATE UNIVERSITY ALUMNI ASSOCIATION PAYROLL DEDUCTION CARD

I authorize the Kent State University Alumni Association to deduct the following:

Membership Pledge

Annual Membership

- Individual \$35: ___ \$35 one payment ___ \$3.50 for 10 pay periods
 Joint* \$50: ___ \$50 one payment ___ \$5 for 10 pay periods

3-Year Membership

- Individual \$95: ___ \$95 one payment ___ \$4.75 for 20 pay periods
 Joint* \$135: ___ \$135 one payment ___ \$6.75 for 20 pay periods

Life Membership

- Individual \$500 ___ \$10 for 50 pay periods
 Joint* \$600 ___ \$12.50 for 48 pay periods

Signature

Last 4 Digits SS#

Date

Print Name

*Joint Member Name

Department

Phone

I am paid: ___ semi-monthly ___ bi-weekly

Return to: Kent State University Alumni Association,
Williamson Alumni Center, PO Box 5190, Kent OH 44242
330-672-5368 e-Mail: alumni@kent.edu Web: www.ksualumni.org