Voluntary Deduction Form

Employee name (please print) ________________________________ Employee ID number ________________

I authorize the University of Hartford to deduct the amount of $ _________ from each pay period.

Please indicate number of pays.  □ Ongoing  □ Other (please indicate number of pays) ________________________________

Please begin with the pay on ________________________________

Please direct my contribution to the □ Anchor Fund (Financial Aid) □ Other ________________________________

I understand that this agreement may be terminated by me at any time by written notification. Any such notification requires a reasonable time to process.

Signature ______________________________________________________________________

Date __________________________________________________________________________

Email address ________________________________ Phone number ________________________

<table>
<thead>
<tr>
<th>Amount per pay period</th>
<th>Annual Contributions/26 pay periods</th>
<th>Annual Contributions/20 pay periods</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10</td>
<td>$260</td>
<td>$200</td>
</tr>
<tr>
<td>$25</td>
<td>$650</td>
<td>$500</td>
</tr>
<tr>
<td>$50</td>
<td>$1,300</td>
<td>$1,000</td>
</tr>
<tr>
<td>$100</td>
<td>$2,600</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

Please complete and return to:

Chris Adams
Senior Director of Advancement Services
Institutional Advancement

Questions: cadams@hartford.edu

If you would prefer to make a one-time gift, or would like to hear more about what your gift supports, visit hartford.edu/giving.

INTERNAL USE ONLY

□ PDADEDN  HR representative ________________________________

Date processed ________________________________