



SCRIPPS

THE WOMEN'S COLLEGE
• CLAREMONT •

Automatic Payroll Deduction Program

Name: _____ Employee ID # _____

Campus or Home Address: _____

Telephone: _____

This is to confirm that I/we pledged a total of \$ _____ to Scripps College,
to be paid within _____ month(s) at the rate of \$ _____ per month.

Beginning Date: _____ Ending Date: _____

Please direct my gift to: _____ Highest Priority of Scripps College
_____ Distinctive Academic Programs
_____ Campus Enhancement and Preservation
_____ Scholarships
_____ Other

Signature: _____ Date: _____