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With your help, we will continue to provide our students with a world-class education in an environment that they will remember for years as "the place where I grew up."

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I hereby authorize the New York State Comptro My one-time payment of \$ \$ per pay period* x pay periods =*A minimum of \$1 per pay period is required; no minimum number of Deduct \$ per pay period until I decide oth I hereby authorize the State Comptroller to dedunotice. I understand that I may revoke or modify request to SUNY New Paltz payroll office. SIGNATURE	pay periods. nerwise. uct from each by this authoriz	 paycheck the cation at any	e amount	indicated until further
FUND FUND FOR NEW PALT7 Total Amount NYS EMPLID (paystub) Check enclosed (payable to SUNY New Paltz Foundation.) Please charge my: MC Visa AMEX Discover	AMOUNT \$ \$ \$ \$			PLEASE RETURN FORM TO: SUNY New Paltz Foundation 1 Hawk Drive - HAB 501 New Paltz, NY 12561-2443
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FOR MORE INFORMATION

www.newpaltz.edu/gift | foundation@newpaltz.edu 1.877.HAWK.001 ext. 3240 | 845.257.3240

A copy of the SUNY New Paltz Foundation's latest annual report may be obtained, upon request, from the organization or from the New York State Attorney General's Charities Bureau, Attn: FOIL Officer, 120 Broadway, New York, New York 10271

Unless otherwise restricted by the gift instrument pursuant to paragraph (B) of section 553 of the not-forprofit corporation law, the institution may expend so much of an endowment fund as it deems prudent after considering the factors set forth in paragraph (A) of section 553 of the not-for-profit corporation law.