



Waiver of Payment

I, _____ (speaker's name), am performing services for St. Olaf College on _____ (date). Under the terms of this agreement, I waive my right to _____ (any compensation or expense reimbursement) to which I would otherwise be entitled. I understand that, as a result, the College may retain the amount that would have been spent on my behalf. I am entering into this agreement prior to beginning the engagement for the College, which would have entitled me to this compensation.

I understand that I am not entitled to determine an appropriate donee for this foregone income, and that the College has complete discretion over the use of these funds. If appropriate and consistent with College policy, I would suggest that the funds be donated to _____.

As a result of this agreement, I understand that I will receive no taxable income from my services rendered, nor will I receive a charitable contribution deduction for the income foregone.

Signed:

Individual's Signature

Date

Print Name