

(Univeristy Logo)

Authorization for Payroll Deduction

Name _____ Title/Dept. _____
(Please Print)

Address _____ Phone _____
(Home Business) (Home)

_____ Phone _____
(Business)

City _____ State _____ ZIP _____

E-mail address _____

I hereby authorize the Payroll Office of (name of university) University to deduct:

\$ _____ bi-monthly for _____ pay periods for a total pledge of \$ _____
(\$1 minimum bi-monthly) (number)

OR

\$ _____ bi-monthly continuously until the end of the fiscal year (June 30, 2006).
(\$1 minimum bi-monthly)

Date deduction to begin _____ (*Subject to payroll processing deadlines*)

Please choose one:

- I would like my gift to be unrestricted
 Please designate my gift to _____

(Signature of Employee)

(Date)

Return to: (Annual Giving Office address)