

EARLHAM FACULTY/STAFF PAYROLL DEDUCTION

As a member of the Earlham faculty/staff, I, _____, authorize a regular payroll deduction for:

	Per Pay Period
The Earlham Fund	\$ _____
Earlham School of Religion Annual Fund	\$ _____
Other established fund: _____	\$ _____
Total (Per Pay Period) Payroll Deduction:	\$ _____

This deduction is authorized beginning _____, 20___, and will continue until the Alumni-Development is notified otherwise. (month)

Signed: _____ Date: _____ Ext: _____

Please return to Earlham College Alumni-Development Office, Drawer 193 Ext: 1313