



LANGSTON UNIVERSITY FOUNDATION

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2021 PRESIDENT'S SCHOLARSHIP GALA

Payroll Deduction Authorization Form CWID# _____

EMPLOYEE INFORMATION			
Mr., Ms., Mrs., DR.:	First:	Middle Initial:	Last:
Title	Department:	Campus:	
Office Phone Number			
MAILING ADDRESS			
Street:			
Street (Line 2):			
City:			
State:		Zip Code	
Email Address			

TICKET OPTIONS			
TICKET TYPE	PRICE	QUANTITY	TOTAL
Individual Tickets	\$160.00		\$
Table of 10	\$1,800.00		
Total			\$

PAYROLL DEDUCTION SCHEDULE	
NUMBER OF MONTHLY DEDUCTIONS**	AMOUNT OF MONTHLY DEDUCTION**

There is absolutely NO refunds. All sales are FINAL. In the event of an employee's separation from the institution, the remaining amount to be deducted will be taken from the former employee's last payroll.

I, _____, authorize \$_____ to be deducted from my payroll monthly
 (Print Full Name) (Monthly Deduction)

for the next _____ months beginning ____/____/____ and ending ____/____/____.

Signed,

Employee

Date

Development Officer

Date

Human Resources Officer

Date