



PURPOSE OF GIFT

Please select the event, fund or scholarship that you would like to contribute to through payroll deductions.

Event	Price	Quantity	Amount
Fund/Scholarship			
Unrestricted			
TOTAL PLEDGE			

EMPLOYEE INFORMATION

EMPLOYEE NAME: _____ SSN: xxx-xx-_____

MAILING ADDRESS: _____

DEPARTMENT: _____ EXT: _____

STATEMENT OF AUTHORIZATION

I authorize \$ _____ to be deducted from my payroll monthly for the next _____ months beginning _____ / _____ / _____ and ending _____ / _____ / _____ .

Employee's Signature Date

PLEASE RETURN COMPLETED FORM TO THE OFFICE OF DEVELOPMENT PAGE HALL ROOM 315.

THIS PAYROLL DEDUCTION IS IRREVOCABLE UNTIL PLEDGE SATISFIED.

OFFICE USE ONLY

Start date: _____ End date: _____ Total amount to be deducted: \$ _____

Senior Development Officer Date Received

Human Resources Payroll Officer Date Received

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