



Green Initiative

Payroll Deduction Form

(Please complete and return to University Advancement, Wyllie 3320)

Last Name: _____ First Name: _____

Social Security Number _____ - _____ - _____

Total amount of gift: \$_____ to be paid in _____ equal installments of _____ (number)
\$_____, effective _____ * (month/pay date)

Signature: _____ Date: _____

**Classified staff should indicate the week and month they would like payroll deduction to begin.*