



Employee Annual Fund Drive

Payroll Deduction Form

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

Last Name: _____ First Name: _____

Social Security Number _____ - _____ - _____

If you want your monthly deduction to continue indefinitely, leave the "total amount of gift" blank and just indicate the amount of the monthly gift.

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.*