



Payroll Deduction Enrollment Form

Name: _____

Address: _____

City, State, ZIP: _____

Signature: _____ Date: _____

UNID: _____ Daytime Phone: _____
(Peoplesoft Identification # needed for payroll deduction gifts)

Please apply my gift to:

- General Scholarship Fund
- Special Opportunities Fund
- College/Department of: _____
- Other: _____

Allocation: _____

Gift method:

- I authorize a payroll deduction gift of \$ _____ per pay period until I notify the Development Office to change or terminate this deduction.
- I authorize a payroll deduction gift of \$ _____ per pay period to a total of \$ _____. (total contribution must be equally divisible by the payment amount)

Instructions/Comments:

Please return form to the Development Office at 332 South 1400 East Suite 150, or fax to 581-5108.

If you have questions, call Alina Gardner at 585-0752.