

## **Payroll Deduction**

## **Enrollment Form**

Name: _	
Address	·
City, Sta	te, ZIP:
Signatur	re: Date:
UNID: _	Daytime Phone:
(Peopleso	ft Identification # needed for payroll deduction gifts)
Please ap	oply my gift to:
0	General Scholarship Fund Special Opportunities Fund College/Department of: Other:
Gift metl	nod:
	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)
	Enclosed is a gift of \$

Instructions/Comments:

Please return form to the Development Office at: 332 South 1400 East, Suite 150 or email to ugive@utah.edu