

# Faculty & Staff Annual Giving Initiative

## Payroll Deduction Form

(PLEASE TYPE OR PRINT)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ U/M ID# \_\_\_\_\_ (REQUIRED)  
 HOME ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**I AUTHORIZE THE FOLLOWING:**

TOTAL GIFT OF: \$ \_\_\_\_\_  
 PAYROLL DEDUCTION OF: \$ \_\_\_\_\_ PER MONTH  
 (\$5 minimum)  
 NUMBER OF MONTHS \_\_\_\_\_  
 (5 MONTH MINIMUM)  
 BEGINNING: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**Deadline:**  
 Form must be received by the Office of Development and Alumni Relations three (3) working days prior to the end of the month to be included in the next month's payroll deduction.  
 (Ex: Deadline for February 2011 payroll deduction is February 22, 2011.)

GIFT DESIGNATED TO FUND: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (REQUIRED)

**DONOR: Please complete the above information and return to the Office of Development and Alumni Relations, 1001 NBC  
 Attn: Sandra Johnson.**

**FOR UNIT DEVELOPMENT OFFICE ONLY:**

Unit Contact Person Name	Phone	Email		
ENTITY ID	PLEDGE ID	DAC Allocation/Shortcode		
AGF	PVA11	FLNT		
CAMPAIGN	UNIT	REUNION	TOTAL PLEDGE AMOUNT	PREMIUM DOLLAR VALUE

**UNIT DEVELOPMENT STAFF:** Please provide any missing information and return to:  
 Office of Gift Administration  
 3003 South State Street, Suite 8000 1288  
 (888) 518-7888 toll free  
 (734) 647-7785 local