

# FACULTY & STAFF ANNUAL GIVING INITIATIVE PAYROLL DEDUCTION FORM

(PLEASE TYPE OR PRINT)

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      INITIAL

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY                                      STATE                                      ZIP

U/M ID# \_\_\_\_\_  
(REQUIRED)

WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I AUTHORIZE THE FOLLOWING:

TOTAL GIFT OF: \$ \_\_\_\_\_

PAYROLL DEDUCTION OF: \$ \_\_\_\_\_ PER MONTH  
( \$5 MINIMUM )

NUMBER OF MONTHS \_\_\_\_\_ BEGINNING: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
( 5 MONTH MINIMUM )

GIFT DESIGNATED TO FUND: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(REQUIRED)

**Deadline:**  
Form must be received by the Office of Institutional Advancement 3 working days prior to the end of the month to be included in the next month's payroll deduction.  
(Ex: Deadline for May 2007 payroll deduction is April 28, 2007.)

**Donor: Please complete the above information and return to Institutional Advancement, 1001 NBC.**

## FOR UNIT DEVELOPMENT OFFICE ONLY:

Unit Contact Person Name		Phone	Email	
[ ]		[ ]	[ ]	
ENTITY ID		PLEDGE ID	DAC Allocation/Shortcode	
[ ]	[ ]	[ ]	[ ]	[ ]
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

