

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 September 2012 payroll deduction is August 28, 2012.)

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 | | |
| | | | | |
| <small>ENTITY ID</small> | <small>PLEDGE ID</small> | <small>DAC Allocation/Shortcode</small> | | |
| | | | | |
| <small>CAMPAIGN</small> | <small>UNIT</small> | <small>REUNION</small> | <small>TOTAL PLEDGE AMOUNT</small> | <small>PREMIUM DOLLAR VALUE</small> |

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