



## PAYROLL DEDUCTION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Total amount of gift: \$ \_\_\_\_\_ . \_\_\_\_\_

Fund(s) to be distributed to: \_\_\_\_\_  
Ex. Annual Fund, Scholarships, etc.

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Amount to be deducted:

Bi-weekly: \$ \_\_\_\_\_ . \_\_\_\_\_ **OR** Monthly: \$ \_\_\_\_\_ . \_\_\_\_\_

**By signing below, employee authorizes payroll deduction as stated above:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Return form to: UWA Foundation, Lynda Harwell, Station 6