- 4. Enter the amount of your **Monthly Gift** next to the purpose of your gift. **The minimum amount that can be** given for each purpose is \$10 per month and must be in whole dollars.
- 5. If you have indicated more than one purpose, add all totals from Section B and place this amount in Section C.
- 6. The completed form must be received no later than the 3rd or 17th of each month to take effect on your next check.

SECTION A

Last name		First name			M.I.	
SamID	Department		PositionTitle	Work te	lephone	
Mailing address			Email			
SECTION B	- Purpose and Amo	ount of Gift				
I wish to ma	ke the following gift(s)(minimum m	onthly amount per p	ourposeamocoun	t is \$10)	
		S			\$	
PurposeAccount	t	Monthly Amount	Purpose/Account		Monthly Amount	
		\$			\$	
Purpose/Accoun	nt l	Monthly Amount	Purpose/Account		Monthly Amount	
SECTION C	- Payroll Deduction					
Total amount	. • .		. Deduct this amount Ithe Payroll Office.	each month un t il	U mveif sityAdvancement	
SECTION D	- Authorization for I	Payroll Deducti	ion_			
•	thorize this deduction from the in effect until I revoke	, ,			ed above. I understand that this yroll Office written	
Employee Signa	ture		 Date			

RETURN COMPLETED FORM TO UNIVERSITY ADVANCEMENT SHSUBOX 2537