

FOUNDATION PAYROLL DEDUCTION FORM (Return form to Foundation Office)

NAME:	
ADDRESS:	
I wish to have my annual contributions deducted	via payroll deduction.
Amount to be deducted per month \$	
Beginning in	_and ending in
Or	
□ Continue deduction until notified	
 My donation is designated for: Annual Fund General Endowment General Scholarship Faculty/Staff Scholarship Emergency Student Assistance Fund College of Arts & Sciences College of Business College of Education Kares Library Teachers of Kennis Student Professional Development Study Abroad Unrestricted 	
□ Veteran Student Support □ Other	

Employee Signature

Date

No goods or services are provided in exchange for contributions. Your contribution is taxdeductible to the extent provided by current law.