UW-Whitewater Foundation

Signature

Faculty & Staff Giving Payroll Deduction Form

MPLOYEE NAME I COLLEGE/DEPARTMENT		I prefer my giv	I prefer my giving to remain anony OFFICE PHONE	
		OFFICE PH		
uthorization is hereby granted to the UW-Whitewater payroll offi	ce to deduct	\$ f	rom each paycheck	
ginning with the check issued				
Month	Day	Year		
ease designate the fund(s) and contribution(s) amounts below:				
Fund Name			Contribution per pay period	
Annual Loyalty Fund (greatest need)			\$	
College of Arts & Communication			\$	
College of Business & Economics			\$	
College of Education & Professional Studies			\$	
College of Letters & Sciences			\$	
Warhawk Athletics			\$	
Other:			\$	
Other:			\$	
Please stop my deduction when the total amount contribute	d equals \$		or on the following	
date				
I am on a 9-month contract and do not want this deduction	taken out of	any summer pay.		
I would like to learn more about endowing a fund or planne	مانينا ا			

Please call the UW-Whitewater Foundation at (262) 472-1105 if you have questions about available funds or would like to change or end your current payroll deduction.

Date