TO: UW-Whitewater Faculty/Staff & Classified Employees

Please complete the	contribute to the UW-Whitewate form below and return to the U icking on the Submit button belo	JW-Whitewater			
		E C	Beverly Kopper Chancellor		
To: UW-Whitewater Alumni Center, U					
EMPLOYEE NAME					
	(Please Print Full Name Cl	learly)	_		
OFFICE/DEPT LOCAT	TON		OFFICE PHONE		
Authorization is hereb	y granted to the payroll office to do	educt \$	from each pa	ycheck beginning with	
the check issued					
Mon		Year	 ·		
New Requests - Pleas	e designate the fund(s) and contrib	oution(s) amounts	below:		
	Fund Name	Month	hly Contribution		
		\$			
		\$			
		\$ \$			
		φ			
Option 1) Please sto	p my deduction when the total amo	ount contributed ed	quals \$		
Option 2) I prefer an	ongoing monthly deduction of \$_	ા	until I notify the Foundat	ion to end or change it.	
Check here if y	ou are on a 9-month contract and d	lo not want this de	duction taken out of any	summer pay.	
If you have a curre	nt payroll deduction you are cha	nging, nlease con	nnlete the following:		
I am currently having	\$ deducted from	each check. I would	d like to change this to \$		
check. This makes my monthly contribution t	y total payroll deduction to the Founda	tion \$	Please design	nate the fund(s) and	
monthly contribution (Fund Name	Mo	onthly Contribution	7	
		\$			
		\$			
		\$ \$		_	
	1	1 *		1	
Ε	Date		Signature		

If you chose Option 1 above your deduction will automatically end when the total amount pledged is paid in full. If you chose Option 2 above and decide to end your participation in payroll deduction, please contact the UW-Whitewater Foundation, (262) 472-1105.