



**PAYROLL DEDUCTION FORM**

Name: \_\_\_\_\_ Employee I.D.# \_\_\_\_\_

Department I.D. #: \_\_\_\_\_ Department Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work extension: \_\_\_\_\_

I Pledge a Total of: \$ \_\_\_\_\_ Designated Fund: \_\_\_\_\_

Please select how you want your pledge deducted from the following options:

\_\_\_\_\_ Deduct \$ \_\_\_\_\_ from my Bi-Weekly pay (One-Time Only Deduction)

\_\_\_\_\_ Deduct \$ \_\_\_\_\_ over a Total Number of \_\_\_\_\_ Pay-Periods to complete my pledge Total as listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For a Memorial Gift - Name of Next-of-Kin to Notify:**

Deceased Name: \_\_\_\_\_ Next-of-Kin: \_\_\_\_\_

Address Line 1 for Next-of-Kin: \_\_\_\_\_

Address Line 2 for Next-of-Kin: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**For an Honor Gift - Name of Individual being Honored:**

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

Address Line 1 for Honoree: \_\_\_\_\_

Address Line 2 for Honoree: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_