

Shippensburg University FOUNDATION

PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name _____ Date ____/____/____

I hereby authorize the Shippensburg University Foundation to (check one):

START **CHANGE** **STOP**

biweekly payroll deduction. Please select your designation(s) below.

DESIGNATION *(total for fiscal year)*

- ANNUAL FUND (Unrestricted) AMOUNT _____
 - FUND _____ AMOUNT _____
 - FUND _____ AMOUNT _____
 - FUND _____ AMOUNT _____
 - FUND _____ AMOUNT _____
- TOTAL _____

Bi-weekly Payroll Deduction Amount _____ Effective with pay date of ____/____/____

Employee Signature _____

Gift Club	Pledge Amount	26 Pay Periods	20 Pay Periods
1871 Visionary Society	\$10,000	\$384.62	\$500
Hilltop Heritage	\$5,000	\$192.31	\$250
Board of Fellows	\$2,500	\$96.16	\$125
Tower Associates	\$1,000	\$38.47	\$50
Friends of Old Main	\$500	\$19.24	\$25
Fountain Society	\$300	\$11.54	\$15
President's Club	\$200	\$7.70	\$10

.....

PAYROLL USE ONLY: Payroll Key _____ Personnel Number _____