

UNIVERSITY OF WISCONSIN FOUNDATION
PAYROLL DEDUCTION AUTHORIZATION

Name_____

Address_____

Daytime phone_____email_____

I wish to ensure the continuation of educational excellence at the University of Wisconsin by contributing a portion of my paycheck each month. I understand that there is a minimum payroll deduction of \$10.00 per month for six months, and that if I have a nine-month appointment and receive summer support, I will have deductions taken from summer pay periods.

I hereby authorize the **amount of \$**_____ to be deducted from my salary each pay period until my total pledge of \$_____ is paid in full. If no total pledge is entered, the deduction will continue until the donor provides a written request to the UW Foundation.

Signature_____ **Date**_____

Last four numbers of Social Security Number:__ __ __ __

Please use my gift for the Center for Limnology general endowment fund.

This replaces my present payroll deduction.

This is in addition to my existing payroll deduction.

*A tax receipt documenting your total charitable contribution for each calendar year will be provided to you by January 31st of the next calendar year.

*If your employment status at the University of Wisconsin changes, we respectfully ask you to honor the balance of your gift pledge.

University of Wisconsin Foundation
Gift Processing Department
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(608) 263-4545