

# President's Council

## Payroll Deduction Authorization Form

Please Print:

Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Employee ID # \_\_\_\_\_ Work Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_ Work Fax \_\_\_\_\_

*Payroll deductions are allowed for full-time employees only. This excludes hourly and part-time employees. Overtime hours cannot be used for payroll deduction.*

I would like to utilize the payroll deduction option for my President's Council donation. Name & level as you would like it listed on membership roster.

\$10,000 + President's Circle: \_\_\_\_\_

\$5,000 + Professors' Circle: \_\_\_\_\_

\$2,500 + Research Circle: \_\_\_\_\_

\$1,000 + Scholars' Circle: \_\_\_\_\_

Please indicate: Dr./Mr./Mrs./Ms./ Mr. and Mrs./Dr. & Dr./Dr. & Mrs. (memberships may include spouse)

*(Pay Period Gift Amt) \* (Pay Periods Per Yr) = (Gift Amt per yr) \* (# of yrs, 4 max) = Total Cumulative Gift*

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

### AUTHORIZATION FOR PAYROLL DEDUCTION:

I voluntarily authorize this deduction from my after-tax wages for a charitable contribution as indicated above. I understand I may revoke this authorization at any time by giving my payroll office written notice.

Payroll deduction begins with the date received or date previous payroll deduction ends.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

THIS DOCUMENT IS FOR OFFICIAL USE ONLY

Please return this document to the UTHSCSA Office of Development, MC 7835, Attention: Gift Processing