



Please fill out and return this form addressed to payroll at campus box 38. Original Amended Cancellation

FACULTY/STAFF INFORMATION

Name: _____

Phone: _____

Department: _____

Home address: _____

City: _____ State: _____ Zip: _____

Preferred email address: _____

PAYMENT INFORMATION

I would like to contribute through payroll deduction.

Comments:

GIFT DESIGNATION

- Academic Affairs (210214 R66)
 Administration & Finance (210853 R67)
 Alumni Association (263300 R28)
 Athletics (290100 R68)
 Campus Life and University Relations (256700 R20)
 Holiday Card Scholarship Fund (610894 R34)
 KMUW 89.1 (211139 R09)
 Shocker Employee & Dependents Scholarship (210955 R70)
 Shocker Fund Barton School of Business (244900 R13)
 Shocker Fund College of Applied Studies (245000 R14)
 Shocker Fund College of Engineering (245100 R15)
 Shocker Fund College of Fine Arts (245200 R16)
 Shocker Fund College of Health Professions (245300 R17)
 Shocker Fund Dorothy & Bill Cohen Honors College (211275 R81)
 Shocker Fund Fairmount College of Liberal Arts & Sciences (245400 R18)
 Shocker Fund University Libraries (217800 R10)
 Ulrich Museum of Art (210386 R06)
 Other (please specify): _____

PAYROLL DEDUCTION AUTHORIZATION

I would like my total contribution of \$ _____ to be taken out of my paychecks in equal amounts.

I would like \$ _____ to be taken out of each paycheck indefinitely.

Signature: _____ myWSU id: _____

Payroll Deduction Information: Deduction will begin on the next pay period after receipt of this form. Contributions per pay period will continue until total pledge amount has been reached or until otherwise specified. To end or change contribution amount, contact payroll department at ext. 3074.