

Please fill out and return this form to human resources.

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)
- Administration & Finance (210853)
- Alumni Association (263300)
- Athletics (290100)
- Campus Life and University Relations (256700)
- Holiday Card Scholarship Fund (610894)
- KMWU 89.1 (211139)
- Shocker Employee & Dependents Scholarship (210955)
- Shocker Fund Barton School of Business (244900)
- Shocker Fund College of Applied Studies (245000)
- Shocker Fund College of Engineering (2451005)
- Shocker Fund College of Fine Arts (245200)
- Shocker Fund College of Health Professions (245300)
- Shocker Fund Dorothy & Bill Cohen Honors College (211275)
- Shocker Fund Fairmount College of Liberal Arts & Sciences (245400)
- Shocker Fund University Libraries (217800)
- Ulrich Museum of Art (210386)
- 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 HR department at ext. 3815.