

University of Wisconsin-Eau Claire Foundation Inc.  
**Employee Payroll Deduction Authorization**

To authorize a gift through payroll deduction, fill out this form and send it to UW-Eau Claire Foundation, 214 Schofield Hall.

I am paid: \_\_\_\_\_ monthly \_\_\_\_\_ biweekly

My payroll checks are on a: 9-month 10-month 11-month 12-month schedule

Employee ID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Ongoing Pledge Information**

Deduct \$ \_\_\_\_\_ each pay period (minimum of \$5 per month), effective with my paycheck

dated (month/year) \_\_\_\_\_, to continue until I notify the UW-Eau Claire Foundation in writing to change or stop.

**Designate your gift**

My contribution is to be used to support the following:

\$ \_\_\_\_\_ per pay period for: (e.g.: Excellence Fund) \_\_\_\_\_

\$ \_\_\_\_\_ per pay period for: \_\_\_\_\_

\$ \_\_\_\_\_ per pay period for: \_\_\_\_\_

**Tribute**

If you wish your gift to pay special tribute to someone please list that here:

\_\_\_\_\_

I wish this to be a joint gift with: (please print name) \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

*Direct questions about payroll deduct donations to 715-836-5620, or email: [thompsod@uwec.edu](mailto:thompsod@uwec.edu).*