

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, thompsod@uwec.edu.

My payroll checks are on a: 9-month schedule 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.