

University of La Verne

Faculty/Staff Payroll Deduction Authorization Form

Name (please print): _____ Banner ID #: _____

Faculty Staff Department: _____

Extension: _____ Email: _____

Also credit my spouse/partner for this contribution

Spouse/Partner Name: _____ Class Year: _____

Deduction Details:

Start a new deduction

Change my current deduction

Gift Designation:

University's Highest Priority (University Scholarship Fund)

Other: _____

List program(s) to which you wish to designate your deduction.

Please select one option below:

Option 1: Continuous

Deduct \$ _____ each month starting in _____ (month/year)
Payroll deduction will remain in effect until revoked in writing by the employee to the University Advancement office.

- OR -

Option 2: Specified Timeframe

Deduct \$ _____ each month starting in _____ (month/year)
and ending in _____ (month/year) for a total pledge of \$ _____

Please check box if:

You would like information on the University's Planned Giving program You have included the University in your estate plans

Signature: _____ **Date:** _____

Please allow up to two weeks for this request to be processed. Gift receipts will be mailed once a year depending on your specified timeframe.

Please note that all donors will be recognized in various donor publications unless otherwise specified. If you do not wish to be recognized or would like to receive an anonymous recognition, please check the appropriate box: **Do Not Recognize** **Anonymous Recognition**

Thank you for your support!

(FOR OFFICE USE ONLY)

FOAP: _____	Amount Designated Per Pay Period: \$ _____	
Start Date: _____	Date Received: _____	Processed By: _____

Please sign and return to: University
Advancement
Attn: Gift Processor Ext. 4682