



Payroll Deduction Authorization

Name(s) _____

Address _____

City/State/Zip _____

Campus Phone _____ Email _____

YES, I would like to make a gift to support UWL students!

My total pledge/gift is \$_____

Gift designation: Wherever it is most needed (Unrestricted) Restrict to: _____

Please accept my payment as follows:

- Payroll deduction (complete below) Check enclosed (payable to UWL Foundation)
- Credit Card (circle one) VISA MasterCard Am Express Discover

_____ / _____
Card Number Exp. Date Sec. Code _____

_____ Date _____
Cardholder Signature Required

Payroll Deduction Authorization

Please deduct \$_____ per pay period with an effective date of ___/___/___

EMPL ID # _____ Signature: _____
(from earnings statement)

- Indefinite pledge New payroll deduction Replace existing deduction

THANK YOU FOR YOUR SUPPORT OF UW-LA CROSSE

The form requires your signature and must be submitted to the Foundation in hard copy.
This form will remain confidential. If you have any questions, please contact Jason Gelder.

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