



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 Kyle Slaby.

Kyle Slaby
Cleary Center 101B
UW-La Crosse Foundation, Inc. Email: kslaby@uwlax.edu
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La Crosse, WI 54601

Please note: UWL HR has advised of changes to payroll that will take place in March or April 2021 as part of the Single Payroll project. These changes may affect your monthly deductions including to the Foundation.