



Payroll Deduction Authorization

Name:

Home Address:

City/State/Zip

Home phone#:

Personal email:

**Year-end giving statement will be mailed to your home address.*

Please deduct \$

Per pay period, effective

Employee ID #:

Deduction:

New payroll deduction

Replace existing deduction

Gift Designation:

Wherever it is needed most

My preference:

1.

2.

3.

For tax purposes, the official date of your payroll deduction gift to the University of Wisconsin-La Crosse Foundation is the date the gift is received by the Foundation from the UW System Shared Services, not the date payroll is processed.

THANK YOU FOR YOUR SUPPORT OF UW-LA CROSSE

The form requires your signature and must be emailed to Kyle Slaby at the UWL Foundation. This form will remain confidential.

Kyle Slaby

Staff Accountant, University Advancement
kslaby@uwlax.edu | Cleary Alumni & Friends
Center | 608.785.8766

Signature: _____

**You may sign or use an e-signature: Adobe > Fill & Sign > Place signature*

Please note: UWL HR has advised of changes to payroll that will take place in July 2021 as part of the Single Payroll project. These changes may affect your monthly deductions including to the Foundation. Please contact UWL HR directly with questions regarding payroll changes.

[UW System payroll information](#)