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
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La Crosse, WI 54601