



## Payroll Deduction Authorization

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Campus Phone \_\_\_\_\_ Email \_\_\_\_\_

### YES, I would like to make a gift to support UW-L!

My total pledge/gift is \$\_\_\_\_\_

Gift designation:  Unrestricted  Restrict to: \_\_\_\_\_

### Please accept my payment as follows:

Payroll deduction (complete below)  Check enclosed (payable to UW-L 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**

**This form will remain confidential. If you have any questions, please contact:**

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