

Augustana Payroll Deduction Authorization

Name: _____ ID Number: _____

New Pledge Additional Pledge Replace Existing Pledge

Pay Period (check one): Biweekly Monthly (9) Monthly (12)

I will support Augustana University with a tax-deductible gift of:

\$ _____ per pay period over _____ months beginning _____.

I authorize the **automatic renewal** of this gift by the University until such time as I terminate my employment or notify the Development or Business Office in writing.

I would like to designate my gift to:

- | | |
|---|----------|
| <input type="checkbox"/> Augustana Annual Fund | \$ _____ |
| <input type="checkbox"/> Performing and Visual Arts | \$ _____ |
| <input type="checkbox"/> Augustana Athletic Club | \$ _____ |
| <input type="checkbox"/> Center for Western Studies | \$ _____ |
| <input type="checkbox"/> Library Associates | \$ _____ |
| <input type="checkbox"/> Other: _____ | \$ _____ |

Total Gift \$ _____

NOTE: I authorize Augustana University to deduct the amount indicated from my paycheck each pay period for the dates listed. I understand that I may cancel the authorization by written notice to the Development or Business Office. Changes received less than 10 days before the date of the next payroll will be effective in the next month. For questions, please contact Vicki Weihe at 605.274.4117 or vicki.weihe@augie.edu

Signature: _____ **Date:** _____

Return to:

Vicki Weihe
Gift Processing Coordinator
Office of Development

Updated 10.8.18