



BOUNDLESS OPPORTUNITIES

### Payroll Deduction Authorization Form

YES, I would like to support *Midwestern State University*. (\$5 monthly minimum)

with an **ongoing** monthly gift of: \$ \_\_\_\_\_ until I notify the Annual Fund to change or terminate this deduction.

Begin deductions with my check received on: \_\_\_\_\_  
Month Year

I would like my gift to support:  
( You may choose for your gift to go to a specific program or department by choosing "other" and listing it)

- |   |   |
|---|---|
| <input type="checkbox"/> University's Greatest Need               | <input type="checkbox"/> West College of Education        |
| <input type="checkbox"/> Scholarships                             | <input type="checkbox"/> Graduate School                  |
| <input type="checkbox"/> College of Science & Mathematics         | <input type="checkbox"/> Moffett Library                  |
| <input type="checkbox"/> Dillard College of Business Admin        | <input type="checkbox"/> WF Museum of Art at MSU          |
| <input type="checkbox"/> Fain College of Fine Arts                | <input type="checkbox"/> Athletics/Mustangs Athletic Club |
| <input type="checkbox"/> Gunn College of Health Sci & Human Svcs. | <input type="checkbox"/> Parent Fund                      |
| <input type="checkbox"/> PY College of Humanities & Soc Sci.      |   |
| <br><input type="checkbox"/> Other _____                          |   |

By completing this form, you authorize *Midwestern State University* to deduct your gift payments from your payroll check. Simply complete this authorization form and return to the address listed above.

Please Print:

\_\_\_\_\_  
Name M#

\_\_\_\_\_  
Department Campus Phone Number

### Payroll Deduction Statement of Authorization *(will be kept on file at Midwestern State University)*

I authorize the *Midwestern State University* Payroll Department to deduct the amount indicated from my monthly salary to be paid to the MSU Annual Fund. This authorization shall remain in effect until I notify, in writing, the Annual Fund office that I wish to discontinue the regularly scheduled transfer of funds. Cancellation will take affect within one month of the request date.

A record of each charge will be included on my regular payroll stub. **Save that receipt for tax documentation.**

\_\_\_\_\_  
Signature Date

- Name(s) as you would like it to appear in our Donor Listing *(please print)* \_\_\_\_\_
- I wish to remain anonymous.

**Please keep a copy of this form for your records. RETURN COMPLETED FORM TO THE ANNUAL FUND OFFICE (Hardin, Rm 201).**