

Missouri State University[™] Foundation

Employee Payroll Deduction Form

for Full Time Employees and Staff

Please complete form

First Name	Middle Initial	Last Name	M# (required)
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Department Name/Address	Campus Phone
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Home Address	Home Phone
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Employee Signature (required)	Date
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Choose ONE Only:

NEW Deduction REPLACEMENT for Existing Deduction Deduction CANCELLATION

I would like to make a monthly gift to the Missouri State University Foundation through payroll deduction in the amount of \$_____ (total amount).

This monthly contribution should begin _____ (m/y) and ending _____ (m/y).
(Deductions should be for a minimum of 12 months and if no month is listed, your deduction will end after 12 months.)

This gift should be designated for _____

(Please list the MSU Foundation account name – if you wish to designate more than one account, please indicate the amount per account and the amount of the deduction for each account.)

Please print, complete and return to Angie Pinegar, Asst. Director of Advancement Services – Meyer Alumni Center Suite 100.

*For your deduction to begin this month
it must be received in our office by the 10th of the month.*