Henderson State University Foundation
Employee Payroll Deduction Gift Authorization Form
For Faculty & Staff

Sample Pledges and Deductions

Annual Contribution	10-Month Deduction	12-Month Deduction	Bi-weekly Deduction
$120	$12	$10	$4.62
$250	$25	$20.83	$9.63
$500	$50	$41.66	$19.24
$1,000	$100	$83.33	$38.47

HSU Foundation Annual Giving Societies

Acorn Society	(3 or more consecutive years of giving at any level)
Pine Tree Society	($100-$499)
Fountain Society	($500-$999)
Leadership Society	($1,000 and up)

_____ _____

Last **First** **Middle** **Employee ID**

_____ _____ _____

Department/Office **Campus Phone** **Campus Email**

I hereby authorize and request Henderson State University to deduct the amount(s) designated below from my paycheck each pay period, and to remit the withheld amount(s) to the Henderson State University Foundation

Amount Per Pay Period	Total Expected Gift Amount	Gift Designation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Deduction Per Pay Period $_____

Payroll Type _____**10-Month** _____**12-Month** _____**Bi-Weekly**

This pledge is: _____**A new payroll deduction pledge** (first time payroll deduction gift)

____ **An additional payroll deduction pledge** (Adding an additional payroll deduction gift)

____ **A change in an existing pledge** (An adjustment of the amount of an existing pledge)

I understand that this authorization shall remain in effect until revoked by me, allowing time to meet payroll deadlines in order to make effective any payroll changes in this assignment. This authorization will continue in effect until termination of my employment with Henderson State University or until I submit written notice of cancellation with the HSU Foundation. **Change or cancellation of this authorization must be made in writing.**

Signature_____ **Date**_____

Please return to: HSU Foundation at HSU Box 7550, or Smith-Garner House at 324 N. 12th St.
For more information, please call 870-230-5347.