

UNIVERSITY OF MINNESOTA MORRIS

FACULTY & STAFF PAYROLL DEDUCTION GIFT AUTHORIZATION

SAMPLE PLEDGES AND DEDUCTIONS	
Annual Contribution	Deduction per pay period (bi-weekly, 26 pay periods)
\$260	\$10
\$520	\$20
\$1,040	\$40
\$2,600	\$100
\$5,200	\$200

Return this completed form to:

University of Minnesota, Morris
 External Relations and Fund Development
 Welcome Center
 600 East Fourth Street
 Morris, MN 56267

Gift Designation(s)

Department, Institute, Scholarship, Special Program, or Specific Fund #

Amount deducted per pay period*	<input type="checkbox"/> Total goal amount
	<input type="checkbox"/> ongoing
\$	\$
\$	\$
\$	\$

1. _____
2. _____
3. _____

**if giving to more than one fund please divide amounts evenly*

To cancel or change your deduction, please notify the development office at 320-589-6456

Special instructions regarding this gift

Employee Information PLEASE PRINT

Dr./Mr. _____
 Mrs./Ms. _____

Employee ID No. (Required) _____

Street Address (Home) _____

Phone # (Work) _____

City, State, Zip Code _____

This gift should also be credited to my spouse/partner

Phone # (Home) _____

Dr./Mr. _____
 Mrs./Ms. _____

Signature (Required) _____ Date _____

