



PRAIRIE VIEW A&M UNIVERSITY

Higher Education Contribution Authorization Form

(936) 261-1550 | www.pvamu.edu/giving

Last Name	First Nam	ne	МІ
Department	Email		
Home Address			
City/State	Zip	Phone	
Three ways to give	Please check one.		
PAYROLL DEDUCT Complete AUTHORIZATION	ION FOR PAYROLL DEDUCTION bel	ow.	
2 ONLINE www.pvamu	.edu/give Date processed	Order number	
3 ONE-TIME GIFT I would like to donate \$	now. Check no	payable to Pr	rairie View A&M University
Designation:			
_	☐ All Faiths Chapel	☐ Greate	st Need of the University
☐ Athletics	\square Sports Complex	☐ Colleg	e/School/Department
☐ General Scholarship Fund	☐ KPVU		
	AUTHORIZATION FOR PA (complete only if paying thro		
I would like to donate \$	One-time	☐ Monthly	
Please select the number of mo	nths in which you are paid an	nually 🔲 9 month 🗀	12 month
Deductions begin in January of the	following year and continue until	I send a notice of cancellatio	n to Payroll services in writing.
Employee Signature		_ UIN	Date