



OSU/OSU FOUNDATION

PAYROLL DEDUCTION FORM

I WANT TO

- INITIATE
CHANGE
CANCEL

MY PLEDGE TO OSU.

Table with 6 columns: If my monthly payroll deduction is... Then my 1-year donation will total: Then my 2-year donation will total: Then my 3-year donation will total: Then my 4-year donation will total: Then my 5-year donation will total: Rows include deduction amounts from \$450 to \$25.

I want to pledge \$\_\_\_\_\_ per month to the \_\_\_\_\_ fund.
I want to pledge \$\_\_\_\_\_ per month to the \_\_\_\_\_ fund.
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I want to pledge \$\_\_\_\_\_ per month to the \_\_\_\_\_ fund.

Total monthly deduction \$\_\_\_\_\_ to begin \_\_\_\_\_ (MM/01/YY).

My deduction is to: [ ] continue until further notice OR [ ] continue until \$\_\_\_\_\_ has been deducted (pledge amount)

I understand that this form authorizes Payroll to withhold from my salary and/or wages for the designated amount per month. I also understand the designated amount will be deposited with the OSU Foundation (the month following the deduction). If you do not designate a specific fund, your gift will be deposited into the General Scholarship Fund.

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

Name (please print) \_\_\_\_\_

Banner ID \_\_\_\_\_ Donor ID (OSUF Use Only) \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Email \_\_\_\_\_ Cell Phone (work) \_\_\_\_\_ (personal) \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Please complete entire form to ensure proper credit of your tax-deductible gift.

A17FS-DM2



RETURN TO:

OSU Foundation, 400 S. Monroe, CAMPUS MAIL
or P.O. Box 1749, Stillwater, OK 74076-1749
405.385.5100 | 800.622.4678 | OSUgiving.com

PLEASE NOTE: This form overrides existing payroll deduction. All fund deductions must be indicated on this form. Please call 405.385.5100 for Gift Processing if you need any assistance in completing this form.