



OSU/OSU FOUNDATION

PAYROLL DEDUCTION FORM

I WANT TO

INITIATE

CHANGE

CANCEL

MY GIFT TO OSU.

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

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

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

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

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

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

My deduction is to:  continue until further notice OR  ends on: \_\_\_\_\_

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) \_\_\_\_\_

CWID \_\_\_\_\_ 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.

A18FS-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.