

## PAYROLL DEDUCTION FORM

Please complete so that we may acknowledge and credit your gift accordingly:

\*\* Voluntary donations made through payroll are post-tax deductions that have no effect on an employee's taxable income. \*\*

City St:	ate	Zip		
Desition /Title	Ma	inastraat ID#		
Position/Title				
Campus Address				
Campus PhoneE-mail				
I am a proud USM graduate, class of				
Effective with the next pay period, deduct \$  Biweekly Payroll  Monthly Payroll	00 per pay peri	od.		
<ul> <li>Please note if you are</li> <li>a new payroll deduction donor</li> <li>changing the dollar amount of current deduction(</li> </ul>	chang	ing the <b>designatio</b> i <b>ng</b> the payroll ded	<b>n</b> of current dedu duction	uction(s)
	a check of credit	card to the USM Fo	oundation.	
Designate your gift: Enter the designation(s) for your gift and the portion of your gift that Please make sure the individual gift amounts equal your total deduct	t each should ro	eceive. A list of or	designations is i	ncluded here.
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