

# UW-L Foundation

*Advancing philanthropy through service to our donors, campus and community*

## Payroll Deduction Authorization

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Campus Phone \_\_\_\_\_ Email \_\_\_\_\_

### YES, I would like to make a gift to support UW-L!

My total pledge/gift is \$ \_\_\_\_\_

Gift designation:  Unrestricted  Restrict to: \_\_\_\_\_

### Please accept my payment as follows:

Payroll deduction (complete below)  Check enclosed (payable to UW-L Foundation)

Credit Card (circle one) VISA MasterCard Am Express Discover

\_\_\_\_\_ / \_\_\_\_\_  
Card Number Exp. Date Sec. Code \_ \_ \_

\_\_\_\_\_ Date \_\_\_\_\_  
Cardholder Signature Required

### Payroll Deduction Authorization

Please deduct \$ \_\_\_\_\_ per pay period with an effective date of \_\_\_/\_\_\_/\_\_\_

EMPL ID # \_\_\_\_\_ Signature: \_\_\_\_\_  
(from earnings statement)

Indefinite pledge  New payroll deduction  Replace existing deduction

**THANK YOU FOR YOUR SUPPORT OF UW-LA CROSSE**

**This form will remain confidential. If you have any questions, please contact:**

Jason Gelder  
UW-La Crosse Foundation, Inc.  
615 East Avenue North  
La Crosse, WI 54601  
Email: [jgelder@uwlax.edu](mailto:jgelder@uwlax.edu)

608.785.8766