

Mayville State University Foundation 2015-2016 Payroll Deduction Form

- This form should only be used for gifts to Mayville State University and programs supported through the MSU Foundation.
- Your payroll deduction gift(s) will be based entirely on the information provided on this form.

Last Name _____ First Name _____ Employee ID _____

Department _____ Campus E-Mail _____ Campus Phone # _____

Home Address _____ City, State Zip _____

I authorize Mayville State University to deduct from my semi-monthly earnings, in equal pay period payments, my annual contribution of _____.

The MSU Foundation is to designate my gift(s) as indicated below:

- \$ _____ Annual Fund Drive-Every dollar helps us raise \$10.
- \$ _____ Academic Scholarships-students attain the dream of an education.
- \$ _____ 2015-16 Comets Athletic Club Membership-Goes to Athletic Scholarships for students who also attain the dream of an education.
- \$ _____ 2015-16 Music Makers Membership-Brings the experience of music to students through scholarship.
- \$ _____ Football and Baseball Artificial Turf Campaign
- \$ _____ Military Honor Garden Project
- \$ _____ Rebecca Wright Scholarship

- Matching Gift: Enclosed is a matching gift form from another employer or my spouse's employer.

Payroll Deduction options:

- 24 pay periods (July 1, 2015 – June 30, 2016)
- 22 pay periods (August 1, 2015 – June 30, 2016)
- 20 pay periods (September 1, 2015 – June 30, 2016)
- 16 pay periods (September 1, 2015 – April 30, 2016) - most used for 9 month contracts
- Continue my gift Indefinitely
- Start Date: _____/_____/_____ End Date: June / 30 / 2016

Please sign and return this form to the MSU Foundation.

Employee Signature _____

Date _____

~Foundation Office Only~

Date Received _____ Copy given to Business Office _____