

Jacksonville State University Foundation, Inc.

Payroll Deduction Form

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip _____

Campus Department _____ Phone: Home _____ Campus _____

Please check one or more:

- I would like to have the following amount deducted from my paycheck. Please list project below.
\$ _____ per month (\$1 per month minimum)
- I would like to change my current payroll deduction as follows:
Change deduction amount to: \$ _____ per month
- Change designation(s): Please list the projects and amounts for each below
- I would like the following amount deducted for Alumni Dues (please choose Annual or Life membership)
\$ _____ per month
 Annual Life
- Delete payroll deduction
-

Please apply my gift to:

- A college/school/department/program. Please specify area and amount.
- _____ \$ _____
- _____ \$ _____
- I would like to make an unrestricted gift to support the university's greatest needs \$ _____
- Other
Please specify _____ \$ _____
-

Note:

Payroll deductions will continue from year to year until you notify the JSU Foundation of a change.

Employee ID #

Signature

Date

Thank you for your gift to Jacksonville State University Foundation!
Please return this form with your payment to:
JSU Foundation, Inc.
700 Pelham Road North
Jacksonville, AL 36265
(256) 782-5306