

# Sam Houston State University

## ANNUAL GIVING PAYROLL DEDUCTION Authorization Form

**Payroll Deduction** An employee may make a charitable gift to the university, its departments or programs through the Sam Houston State University payroll deduction program by completing this authorization form.

1. Complete this form in its entirety and return to University Advancement, Box 2537.
2. All gifts are tax deductible to the extent provided by law.
3. If you wish to restrict your gift for a specific university purpose, indicate the purpose in Section B.
4. Enter the amount of your **Monthly Gift** next to the purpose of your gift. **The minimum amount that can be given for each purpose is \$10 per month and must be in whole dollars.**
5. If you have indicated more than one purpose, add all totals from Section B and place this amount in Section C.
6. The completed form must be received no later than the 3<sup>rd</sup> or 17<sup>th</sup> of each month to take effect on your next check.

### **SECTION A**

Last name		First name	M.I.
SamID	Department Name	Box #	Position/Title
Work phone #		Email	
Mailing address		City	State Zip

### **SECTION B - Purpose and Amount of Gift**

I wish to make the following gift(s): (minimum monthly amount per purpose or account is \$10)

_____	\$ _____	_____	\$ _____
Purpose /Account	Monthly Amount	Purpose/Account	Monthly Amount
_____	\$ _____	_____	\$ _____
Purpose/Account	Monthly Amount	Purpose/Account	Monthly Amount

### **SECTION C - Payroll Deduction**

Total amount pledged per Month is \$\_\_\_\_\_. Deduct this amount each month until I notify University Advancement  
(Total from Section B) and the Payroll Office.

### **SECTION D - Authorization for Payroll Deduction**

I voluntarily authorize this deduction from my after-tax wages for a charitable contribution as indicated above. I understand that this deduction will be in effect until I revoke this authorization by giving University Advancement and the Payroll Office written notification.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM TO  
UNIVERSITY ADVANCEMENT  
SHSU BOX 2537**

Please make a copy for your records.

For UA Office Use	
Date Received	
AF Initials	
AS Initials	