

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 Annual Giving via email at givingtohsu@shsu.edu or to SHSU Box 2022.
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 3rd or 17th 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
ANNUAL GIVING
SHSU BOX 2022**

Please make a copy for your records.

For UA Office Use	
Date Received	_____
AG Initials	_____
AS Initials	_____