

Yes, I want to make a Payroll Deduction gift to **Wittenberg University**!

I. Donor Information

| Name (last, first, middle) | Department |
|---|--|
| Mailing Address | |
| Preferred Phone | Campus Email |
| I am a graduate of Wittenberg University: Yes No |) |
| II. Gift Information You may designate your gift anywhere you would like, incl | uding to: department, program, sport or center. Please, select one or more of the following designations: |
| □ \$ gift amount The Witten | berg Fund |
| gift amount Witt Oppor | tunity Scholarship |
| gift amount Other: | |
| I benefit from and/or control the account to which these full. Payroll Deduction Information | |
| \$ Amount per pay period | Date of First Payroll Deduction: |
| Frequency: One-time Gift Deduct Until | (date) Deduct Until \$ (amount) Deduct until further notice |
| Payroll Type: Monthly Bi-weekly | |
| Authorization Signature | Date |
| I hereby authorize to deduct the amount(s) designated above from my p termination of my employment with Wittenberg University or until I su | aycheck each pay period, and to remit the withheld amount(s) to Wittenberg University. This authorization will continue in effect until bmit written notice of cancellation to the Payroll Office. |
| Please choose one of the following options (new or addition | ual deduction): |
| This is a new payroll deduction: Yes No Will replace and supersede previous payroll deductions. | This is an additional payroll deduction: Yes No Will be added to previous payroll deductions. |

Questions?

Contact **The Wittenberg Fund** at <u>WittFund@wittenberg.edu</u> or 937-327-6405.

Return completed form via campus mail: The Wittenberg Fund/Office of Advancement