

**UNIVERSITY OF WISCONSIN FOUNDATION
PAYROLL DEDUCTION AUTHORIZATION**

Name _____

Address _____

Daytime phone _____ email _____

I wish to ensure the continuation of educational excellence at the University of Wisconsin by contributing a portion of my paycheck each month. I understand that there is a minimum payroll deduction of \$10.00 per month for six months, and that if I have a nine-month appointment and receive summer support, I will have deductions taken from summer pay periods.

I hereby authorize the **amount of \$**_____ to be deducted from my salary each pay period until my total pledge of \$_____ is paid in full. If no total pledge is entered, the deduction will continue until the donor provides a written request to the UW Foundation.

Signature _____ **Date** _____

Last four numbers of Social Security Number: __ __ __ __

Please use my gift For Nephrology Fund for Excellence
#12586236

Please specify college, school or department:

This replaces my present UW Foundation payroll deduction.

This is in addition to my existing UWF payroll deduction.

*A tax receipt documenting your total charitable contribution for each calendar year will be provided to you by January 31st of the next calendar year.

*If your employment status at the University of Wisconsin changes, we respectfully ask you to honor the balance of your gift pledge.

**University of Wisconsin Foundation
Gift Processing Department
1848 University Avenue
Madison, WI 53726
(608) 263-4545**