

## **FOUNDATION**

## Campus Payroll Deduction Form

## \*\*THIS DEDUCTION SUPERSEDES ALL PREVIOUS DEDUCTIONS \*\*

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Contact I	ntorm	つわへい
COHIACI		ансн

							15.11	
Name Mr / Mrs /	Ms / Dr	First	Middle Init.	 Last		Ban	ner ID# _	<u></u>
	•							
Home address	Street				City	State	Zip	<del>-</del>
Campus Department						_ Box _		Ext
(Information will be s	ent to you	ir campus a	ddress, unless you	ı check the	home addr	ess box to	indicate	your preferred address.)
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for a one			aπon, in even αc	llar amou	ints per fun	d. Please	e note, tn	is form should not be use
Ongoing: \$_		_ per pay	period Contrib		be ongoing lation is red			
<u>or</u>			change	o. cancel		<sub>l</sub> acotea.		
Set Period: \$		_ X	pay peri	ods = _	t	otal cont	ribution	
# of pay period:	s / year:	24	12	10	8			
Start Month:					art the first	pay peri	od of the	month indicated. Please
Gift Designation		allow 3	0 days for proces	ssing.)				
<ul> <li>Employees may ded</li> </ul>	icate thei	r gift to the	e fund of their ch	noice				
<ul> <li>Designations may be</li> </ul>		_			dollar amo	ount per	fund.	
<ul> <li>Donations to all non</li> </ul>						•		at the time of the
donation.	our Dovol	anmant O	fficar arthallC	) Founds	tion at 074	2770		
To learn more, contact y	our Devei	opment O	incer, or the oc	J Founda	11011 at 974-	2770.		
Fund Number	Fund	l Name / P	urpose				Ar	nt
Fund Number	Fund	l Name / P	urpose				Ar	mt
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Fund Number	Func	l Name / P	urpose				A	mt
Thank you f	or suppo	rtina the	University of C	Central O	klahoma t	hrouah	the UCC	) Foundation –
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Donor Signature			D	ate				
Plea	ise return i	the <i>signed</i> (	original to the UCC	) Foundation	on, Campus E	3ox 133, c	or Evans H	all 102.

Questions? The UCO Foundation, foundation@uco.edu, 974-2770; Fax 974-3833.

FOR FOUNDATION USE ONLY		
Foundation approval:	Initials	Date