

OSU PAYROLL DEDUCTION FORM

Name (Please Print): _____

Social Security Number: _____ Donor ID (OSUF Use Only): _____

Department: _____ Campus: _____

Work Address: _____ Work Phone: _____

Home Address: _____ Home Phone: _____

Email Address: _____ Fax: _____

INITIATE

CHANGE

CANCEL

I want to pledge \$ _____ per month to the _____ fund.

I want to pledge \$ _____ per month to the _____ fund.

I want to pledge \$ _____ per month to the _____ fund.

Total monthly deduction \$ _____ to begin _____ (mm/01/yy)

My deduction is to: continue until further notice **OR** continue until \$ _____ has been deducted (pledge amount).

I understand that this form authorizes OSU Payroll to withhold from my salary and/or wages the designated amount per month. I also understand the designated amount will be deposited with the OSU Foundation (the month following the deduction) to benefit the designated OSU program. If a dollar amount is not specified, this deduction will continue until I notify the OSU Foundation through another payroll deduction form.

Signature: _____ Date: _____

Please complete this form, print it, and return it to the Office of Development of the OSU Center for Health Sciences to ensure proper crediting of your tax-deductible gift.

If on Campus, Return to: (via interoffice mail)
OSU Center for Health Sciences
Office of Development

If off Campus, Return to:
OSU Center for Health Sciences
Office of Development
1111 West 17th Street
Tulsa, OK 74107