



East Tennessee State University
Employee Payroll Deduction Authorization and Gift/Pledge Form

Name: _____ E#: _____
 Department: _____ ETSU P.O. Box _____
 Phone: _____ E-mail: _____@etsu.edu
 Spouse/Partner Name: _____ Employer: _____

Enclosed are matching gift documents from my spouse's company (if applicable).

Publish my gift as: my name only combined with my spouse/partner anonymous
 list as: _____

Designate my gift/pledge(s) to:

fund name	\$ _____	x _____	= _____	/ /
	\$ per pay period	#of months	total \$ of gift/pledge	beginning date
fund name	\$ _____	x _____	= _____	/ /
	\$ per pay period	#of months	total \$ of gift/pledge	beginning date
fund name	\$ _____	x _____	= _____	/ /
	\$ per pay period	#of months	total \$ of gift/pledge	beginning date
fund name	\$ _____	x _____	= _____	/ /
	\$ per pay period	#of months	total \$ of gift/pledge	beginning date

Duration Note: Please indicate by number of months or use the word "OPEN" to indicate no defined end date.

This is a new deduction. This is a new deduction in addition to a current deduction.

This replaces current deductions. Please cancel all pending pledges; stop deductions.

I hereby authorize the ETSU Foundation to deduct from my paycheck each month the amount(s) indicated above.

 Signature Date

Deadline: This form must be received by the last working day prior to the **10th of the month** for current month deduction. Please return to the Office of University Advancement, Campus Box 70721. If you require any assistance with completing this form or have any questions, please contact University Advancement at 9-4628 or 9-5354.

An annual statement of your payroll deduction gifts will be provided to you in January for tax purposes. Your contribution is tax deductible to the extent allowed by law. Please consult with your tax advisor.

 Foundation Office Use Only:

Date Received: _____ Pledge Entered: _____

Forwarded to Payroll: _____ Copy to donor: _____