

Payroll Deduction Form

From WesternU's origin in 1977, faculty and staff have made financial contributions to help students at WesternU become the next generation of compassionate healers in health care and medicine throughout the country and the world. Your gifts inspire others to do the same. By completing the Payroll Deduction Form, you authorize WesternU to deduct a portion of your wages, as described below, and apply them as a donation towards the specified designation (fund). You can also use this form to make changes to your existing deduction. **Thank you!**

Name: _____ **Date:** _____

Department: _____ **Email:** _____

I authorize WesternU to change my existing deduction (specify amount and/or existing designation below).

I authorize WesternU to deduct from my bi-weekly pay \$ _____, until further notice.

I authorize WesternU to deduct a grand total of \$ _____ over the next _____ bi-weekly pay periods.
Example: I authorize WesternU to deduct a grand total of \$1,000 over the next 10 bi-weekly pay periods. In this example, a total of \$100 will be deducted each pay period. Note: The total gift amount will be equally divided based on the number of pay periods indicated above.

I authorize WesternU to deduct from my pay a one-time gift of \$ _____

I direct my gift to (please use one form per designation):

DESIGNATION:

- COMP – Pomona General Scholarship
- COMP – NW General Scholarship
- CHS Pomona General Scholarship
- CHS Oregon General Scholarship
- COP General Scholarship
- CGN General Scholarship
- CVM General Scholarship
- Other _____

DESIGNATION

- CDM General Scholarship
- CO General Scholarship
- CPM General Scholarship
- GCBS General Scholarship
- East-West Scholarship
- A Tribute to Caring
- Student Emergency Support Fund

Start my deduction on or after (date): _____

By signing below, I understand this payroll deduction will remain active until the total gift is paid or I cancel my recurring deduction in **WRITING**.

Signature _____ **Date** _____

I would like my gift to remain **anonymous**.

I would like my gift to be in Memory/Honor of _____

I would like my gift to be recognized as: _____
(Ex., Dr. Jane Smith and Mr. John Smith)

You will receive a calendar year-end gift receipt for tax reporting purposes.

If you have questions about your gift, please contact the AIS Office at AISOffice@westernu.edu or x8614.

FOR ADVANCEMENT INFORMATION SERVICES USE ONLY

DATE RECEIVED:	PROCESSED BY:	DATE PROCESSED:	<input type="checkbox"/> Copy sent to Payroll Department, Business Office
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Special Instructions: