

### Harris-Stowe State University Payroll Deduction Form

*I would like to make a contribution to Harris-Stowe State University through Payroll Deduction.*

#### Personal Information

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State & ZIP Code: \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State & ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Gift Designation

\_\_\_\_\_ HSSU Faculty/Staff Campaign/Student Emergency Aid

\_\_\_\_\_ Other: \_\_\_\_\_

#### Gift Deduction Schedule

Please select one: \_\_\_\_\_ One-Time Gift      \_\_\_\_\_ Recurring Gift

Total amount of donation: \$ \_\_\_\_\_ Date you would like deduction to occur: \_\_\_\_\_

#### Recurring Gift

Amount deducted from each paycheck: \$ \_\_\_\_\_ Multiply x **24 pay periods** to calculate gift per year

Recurring deductions will continue until you notify us. To end recurring deductions, please forward an email to [give2hssu@hssu.edu](mailto:give2hssu@hssu.edu).

Receipt Schedule:

I would like to receive receipts: \_\_\_\_\_ Monthly      \_\_\_\_\_ Yearly      *(Please select one.)*

**Please print this form and return it to the Office of Institutional Advancement HGA 110 or email it to: [give2hssu@hssu.edu](mailto:give2hssu@hssu.edu)**