



# OSU/OSU FOUNDATION PAYROLL DEDUCTION FORM

### I WANT TO

- INITIATE
- CHANGE
- CANCEL

### MY PLEDGE TO OSU.

If my monthly payroll deduction is . . .	Then my 1-year donation will total:	Then my 2-year donation will total:	Then my 3-year donation will total:	Then my 4-year donation will total:	Then my 5-year donation will total:
\$450	\$5,400	\$10,800	\$16,200	\$21,600	\$27,000
\$200	\$2,400	\$4,800	\$7,200	\$9,600	\$12,000
\$100	\$1,200	\$2,400	\$3,600	\$4,800	\$6,000
\$50	\$600	\$1,200	\$1,800	\$2,400	\$3,000
\$25	\$300	\$600	\$900	\$1,200	\$1,500

I want to pledge \$ \_\_\_\_\_ per month to the EQVAL 20-00530 fund.

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.

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 Payroll to withhold from my salary and/or wages for the designated amount per month. I also understand the designated amount will be deposited with the OSU Foundation (the month following the deduction). If you do not designate a specific fund, your gift will be deposited into the General Scholarship Fund.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Banner ID \_\_\_\_\_ Donor ID (OSUF Use Only) \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Email \_\_\_\_\_ Cell Phone (work) \_\_\_\_\_ (personal) \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Please complete entire form to ensure proper credit of your tax-deductible gift.

A17FS-DM



### RETURN TO:

OSU Foundation, 400 S. Monroe, CAMPUS MAIL  
or P.O. Box 1749, Stillwater, OK 74076-1749  
405.385.5100 | 800.622.4678 | OSUgiving.com

**PLEASE NOTE:** This form overrides existing payroll deduction. All fund deductions must be indicated on this form. Please call 405.385.5100 for Gift Processing if you need any assistance in completing this form.