



Western Illinois University Foundation Employee Payroll Deduction Gift Authorization Form For Faculty and Staff

IMPORTANT: Read these instructions before completing the payroll deduction gift authorization form.

- This payroll deduction form should only be used for gifts to Western Illinois University and programs supported through the WIU Foundation. Do not include SECA or any other non-University gift deductions.
- Your payroll deduction gift(s) will be based entirely on the information provided on this form.
- Gift processing personnel may contact you if clarification is needed.

Sample Pledges and Deductions		WIU Foundation Presidents' Societies For Annual Gifts	
Annual Contribution	Deduction Per Pay Period (bi-weekly/24 pay periods)	Frank A. Beu	(\$10,000 and up)
\$240.00	\$10.00	Alfred E. Bayliss	(\$5,000 - \$9,000)
\$500.16	\$20.84	John W. Henninger	(\$2,500 - \$4,999)
\$1,000.08	\$41.67	Walter P. Morgan	(\$1,000 - \$2,499)
\$2,500.08	\$104.17	Lawrence Y. Sherman	(\$500 - \$999)
\$5,000.16	\$208.34		

Name (Last, First, Middle): _____

Employee ID #: _____

Department: _____

Campus Phone: _____ Campus E-mail: _____

I hereby authorize and request the State of Illinois-Western Illinois University to deduct the amount designated below from my paycheck each pay period, and to remit the withheld amount(s) to the Western Illinois University Foundation.

Amount Per Pay Period	Total Expected Gift Amount	Gift Designation (College/Dept/Unit/Program)
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____

Payroll Type: Monthly Semi-Monthly Bi-Weekly

This pledge is:

- a **new** payroll deduction pledge (first time payroll deduction gift)
- an **additional** payroll deduction pledge (Adding an additional payroll deduction gift)
- a **change in an existing** pledge (An adjustment to the amount of an existing pledge)

I understand that this authorization shall remain in effect until revoked by me, allowing time to meet payroll deadlines in order to make effective any payroll record changes in this assignment. This authorization will continue in effect until termination of my employment with Western Illinois University or until I submit written notice of cancellation with the WIU Foundation. **Change or cancellation of this authorization must be made in writing.**

Signature _____

Date _____

Please return to: WIU Foundation, Sherman Hall 303, Western Illinois University, 1 University Circle. Macomb, IL 61455

For more information, please contact Gift Processing at 309/298-1861 or visit the website at www.wiu.edu/foundation