

# PAYROLL DEDUCTION FORM

Dr./Ms./Mrs./Mr. (You)

## TELL US ABOUT YOU

First \_\_\_\_\_ Last \_\_\_\_\_

Dr./Ms./Mrs./Mr. (Spouse/Partner)

First \_\_\_\_\_ Last \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Faculty or Staff: \_\_\_\_\_

School: \_\_\_\_\_

Department: \_\_\_\_\_

Program: \_\_\_\_\_

Campus Extension: \_\_\_\_\_

I attended Texas Wesleyan from \_\_\_\_\_ to \_\_\_\_\_.

I graduated from Texas Wesleyan in \_\_\_\_\_.

Please enter any previous name(s) if different from your current name:  
\_\_\_\_\_

## MAKE YOUR GIFT

### Payroll Deduction *(Signature Required Below)*

- I authorize Texas Wesleyan University to deduct \$ \_\_\_\_\_ per pay period (\_\_\_ Bi-Weekly \_\_\_ Monthly), effective with the next pay period until I request otherwise.
- I authorize Texas Wesleyan University to deduct \$ \_\_\_\_\_ for a total of \_\_\_\_\_ months.
- I authorize Texas Wesleyan University to increase my gift amount to \$ \_\_\_\_\_ per pay period, effective with the next pay period and continue until I request otherwise.

### Check

- I am enclosing a check, payable to Texas Wesleyan University.

### Credit Card

- I authorize Texas Wesleyan University to charge my credit card once for \$ \_\_\_\_\_.

\_\_\_ American Express      \_\_\_ Discover      \_\_\_ Master Card      \_\_\_ Visa

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code \_\_\_\_\_

**Signature (required)**

**Date**

\_\_\_\_\_

## DESIGNATION

- |   |  |
|---|--|
| <input type="checkbox"/> Wesleyan Fund            | <input type="checkbox"/> School of Arts and Letters            |
| <input type="checkbox"/> Student Tuition Aid Fund | <input type="checkbox"/> School of Natural and Social Sciences |
| <input type="checkbox"/> Rams Relief Fund         | <input type="checkbox"/> Graduate Programs of Nurse Anesthesia |
| <input type="checkbox"/> School of Business       | <input type="checkbox"/> Athletics                             |
| <input type="checkbox"/> School of Education      | Other _____  |



Please return completed form to the  
Office of Advancement or email to  
advancement@txwes.edu

*Thank You!*