

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

- Wesleyan Fund
- Student Tuition Aid Fund
- School of Arts and Letters
- School of Business
- School of Education
- School of Natural and Social Sciences
- Graduate Programs of Nurse Anesthesia
- Athletics
- Other _____



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

Thank You!