

Ambassadors Circle

Payroll Deduction Authorization Form

Employee Last Name _____ First Name _____ M.I. _____

Employee ID # _____ Work Telephone _____

E-mail address _____ Work Fax _____

I would like to utilize the payroll deduction option for my Ambassadors' Circle membership. Name & level as you would like it listed on membership roster.

Ambassador Levels:

\$10,000+: _____

\$ 5,000+: _____

\$1,000 +: _____

Delegate Levels:

\$500 +: _____

\$250 +: _____

\$100 +: _____

** Ambassador Level Members receive a specially hancrafted Zelime Mathews pin*

Pay Period Gift Amount X Pay Periods Per Year = Total Gift Amount
\$ _____ X _____ = \$ _____

AUTHORIZATION FOR PAYROLL DEDUCTION:

I voluntarily authorize this deduction from my after-tax wages for a charitable contribution as indicated above. I understand I may revoke this authorization at any time by giving my payroll office written notice.

Payroll deduction begins with the date received or date previous pledge payroll deduction ends.

End with monthly payroll month: _____ (can choose to keep it continuous)

Employee signature _____ Date _____

THIS DOCUMENT IS FOR OFFICIAL USE ONLY

Please return this document to the UTHSCSA Office of Development, MC 7835, Attention: Gift Processing

Payroll deductions are allowed for full-time employees only. This excludes hourly and part-time employees. Overtime hours cannot be used for payroll deduction.