



DISTRIBUTION:
Original to: Human Resources
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PAYROLL DEDUCTION AUTHORIZATION

Name of Employee: _____
(please print)

Today's Date: _____

Department: _____

Donations:

Begin deduction of \$ _____ per pay period beginning _____, 20____.
or **Discontinue** all support effective _____, 20____.

AREAS OF SUPPORT	
(Select any of the following you wish to support)	
	Percentage Donated
Annual Fund-Undesignated	_____
Designated to an existing fund (Fund _____)	_____
Emergency Care Fund for Employees	_____
Emergency Care Fund for Students	_____
Scholarship for NC student	_____

By signature, I grant authorization to make changes to my paycheck as specified above.

(Signature)

(Date Signed)

Please return completed form to the Office of Human Resources.

To make a one-time donation by check or credit card, please contact the Office of Institutional Advancement at 803.321.5147 or e-mail at institutional.advancement@newberry.edu.