

**Harris-Stowe State University Payroll Deduction Form**

*I would like to make a contribution to Harris-Stowe State University through Payroll Deduction.*

**Personal Information**

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

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

City, State & ZIP Code: \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State & ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Gift Designation**

\_\_\_\_\_ HSSU Faculty/Staff Student Aid Campaign

\_\_\_\_\_ Other: \_\_\_\_\_

**Gift Deduction Schedule**

Please select one:    One-Time Gift    Recurring Gift

**One-Time Gift**

Total amount of donation: \$ \_\_\_\_\_    Date you would like deduction to occur: \_\_\_\_\_

**Recurring Gift**

Amount deducted from each paycheck: \$ \_\_\_\_\_ *Multiply x 24 pay periods to calculate gift per year*

Recurring deductions will continue until you notify us. To end recurring deductions, please forward an email to [give2hssu@hssu.edu](mailto:give2hssu@hssu.edu).

Receipt Schedule:

I would like to receive receipts:    monthly    yearly    *(Please select one.)*

**Please print this form return it to Leslie Holloway, HGA 110 or email it to [hollowal@hssu.edu](mailto:hollowal@hssu.edu)**