

Wichita State University Foundation  
**Enrollment Form For Gift Contribution Through Payroll Deduction Plan**

Name \_\_\_\_\_ WSU I.D. \_\_\_\_\_

Program: KMUW FM 89

Annual Gift (Pledge Amount) \$ \_\_\_\_\_

Contribution Amount Per Pay Period \$ \_\_\_\_\_

(First two paychecks per month, 24 pay periods annually)

1 year only                       Sustaining (renews annually)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Original                       Amended                       Cancellation

**Please Return Form To:**                      KMUW Membership  
WSU Campus Box 108  
Wichita, KS 67260-0108

**Terms**

- Contributor must be in Employee Association Direct Deposit Program.
- Deductions or changes to deductions will begin at the beginning of the next pay period after this form is processed by WSU Payroll, which may take up to 4 weeks.
- Specified contribution per pay period will continue until total pledge amount has been reached, or for sustaining pledges until cancelled in writing.
- To end or change contribution amount before total pledge has been reached, an amended form must be submitted.

\_\_\_\_\_, I, the donor, have read and understand the terms of the payroll deduction plan.  
Initials

**For Foundation Use Only**

Approved By \_\_\_\_\_ Date \_\_\_\_\_  
Susan Barrett, VP for Finance & Administrative Services

**For Payroll Use Only**

Date Entered \_\_\_\_\_ 1st Issue Date \_\_\_\_\_ Foundation Code \_\_\_\_\_