

WICHITA STATE UNIVERSITY FOUNDATION
ENROLLMENT FORM FOR GIFT CONTRIBUTION
THROUGH PAYROLL DEDUCTION PLAN

NAME _____ WSU I.D. _____

PROGRAM: KMUW FM 89

TOTAL GIFT (PLEDGE AMOUNT) \$ _____
(Leave blank for sustaining/ongoing contributions)

CONTRIBUTION AMOUNT PER PAY PERIOD \$ _____
(First two paychecks per month - 24 pay periods annually)

SIGNATURE _____ DATE ____/____/____

ORIGINAL _____ AMENDED _____

PLEASE RETURN FORM TO: KMUW FM89
c/o Pat Hayes
WSU Campus Box 108
Wichita, KS 67260-0108

TERMS

- Contributor must be in Employee Association Direct Deposit Program.
- 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.
- If you wish contributions to run indefinitely, leave the TOTAL GIFT line blank.
- Specified contribution per pay period will continue until total pledge amount has been reached.
- 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 this payroll deduction plan. _____
Donor Initials

FOR FOUNDATION USE ONLY:

Approved By _____ Date ____/____/____
Patsy J. Selby, VP for Finance & Administrative Services

FOR PAYROLL USE ONLY:

DATE ENTERED: _____ 1ST ISSUE DATE _____ FOUNDATION CODE: _____

