

TWU EMPLOYEE GIVING

PAYROLL DEDUCTION FORM



1 Payroll Deduction

Name

TWU Email

TWU ID

Signature (required)

Date

MONTHLY GIFT AMOUNT: \$ _____

College Support Fund _____ (College Name)

College Scholarship Fund _____ (College Name)

Area of Greatest Need (Annual Fund)

General Scholarship Fund

Student Life Support Fund

Other: _____

Timeframe:

Until Further Notice*

12 months**

Would you like to support an additional area?

MONTHLY GIFT AMOUNT: \$ _____

College Support Fund _____ (College Name)

College Scholarship Fund _____ (College Name)

Area of Greatest Need (Annual Fund)

General Scholarship Fund

Student Life Support Fund

Other: _____

2 New or Existing Payroll Deduction?

I am setting up a new payroll deduction.

I am adding to my existing payroll deduction.

I am replacing my existing payroll deduction.

3 Details of Payroll Deduction

To support more than two areas, please use an additional form.

Return To:

TWU Office of University Advancement
P.O. Box 425618 Denton, TX 76204 5618
Email: giving@twu.edu Phone: 940 898 3874 Fax: 940 898 3877

*If selecting 'Until Further Notice,' your payroll deduction will continue until you contact University Advancement.

**Requests received by the 10th of the month will be deducted from the upcoming paycheck. Those received after the 10th of the month will be deducted from the following month's paycheck.