



ANNUAL GIVING PAYROLL DEDUCTION FORM

Please complete and return it	t to Advancement Services, F	Room 316
To support UAH and its programs, I wish to mak	e my contribution as follows	:
\$ per pay period, No. of pay perio (There are 26 p	ods Total amount o pay periods per year)	of gift \$
Pay period date to begin deductions:		
Please check this box if you wish the deduction to be	continuous until you inform the pa	ayroll department otherwise.
This contribution is to be used for:		
President's Excellence Fund		
Scholarship(Name of scholarship,)	
— Other:(Options for giving an	re shown at <u>www.uah.edu/giving</u>)	
My spouse's employer will match this gift: Spouse's Employer:		
This gift is a joint gift with my spouse. Spouse name		
I hereby authorize the UAH Payroll Department to deduct	my gift as specified above.	
Print Name:	UAH Department:	
Address:		
Street Address	City	ZIP
Phone:	E-Mail	
Signature: Receipts issued an	Date: nnually for tax purposes.	