

PAYROLL DEDUCTION ENROLLMENT FORM

Name: _____

Address: _____

City, State, ZIP: _____

Signature: _____ Date: _____

UNID: _____ Daytime Phone: _____

Please apply my gift to:

- Staff Council Scholarships
- Tom Loveridge Scholarship

Gift method:

- I authorize a payroll deduction gift of \$ _____ per pay period until I notify the Development Office to change or terminate this deduction.†
- I authorize a payroll deduction gift of \$ _____ per pay period to a total of \$ _____.
(total contribution must be equally divisible by the payment amount)
- Enclosed is a gift of \$ _____.

Instructions/Comments:

Please return form to the Development Office at 540 Arapeen Drive, or fax to 581-5108.

If you have questions, call Tawnja Carballo at 801-587-1296 or tawnja.carballo@hsc.utah.edu