



UNIVERSITY OF WASHINGTON, TACOMA  
CAMPUS ADVANCEMENT AND DEVELOPMENT

# GIFT PAYROLL DEDUCTION PLEDGE FORM

U.W. Campus, Box 358432  
1900 Commerce Street  
Tacoma, WA 98402-3100  
253-682-5642 Fax: 253-307-8685

## DONOR INFORMATION

Name (Last, First, Middle)		EID: UW Employee ID#		E-mail Address	
Department Name and Address			Box Number	Campus Phone	Campus Fax

## FUND I WISH TO SUPPORT

**Tacoma Fund for Excellence**

I wish to support the Tacoma Fund for Excellence via payroll deduction to the University of Washington (**minimum \$1.00 per paycheck.**)

FUND SUPPORTED	DEDUCTION AMOUNT (each paycheck)	ANNUAL TOTAL
<b>Tacoma Fund for Excellence</b>	\$ <b>X 24 periods</b> ▶	\$

**Specific Funds**

I wish to support the following funds via payroll deduction to the University of Washington. I have marked the amount to deduct for each fund during each pay period (twice each month), and have calculated the total annualized amount for each (**minimum \$1.00 per paycheck per fund.**)

FUND SUPPORTED	DEDUCTION AMOUNT (each paycheck)	ANNUAL TOTAL
	\$ <b>X 24 periods</b> ▶	\$
	\$ <b>X 24 periods</b> ▶	\$
	\$ <b>X 24 periods</b> ▶	\$
<b>TOTAL</b> ▶	\$ <b>X 24 periods</b> ▶	\$

## DURATION OF GIFT PAYROLL DEDUCTION PLEDGE (must be for a minimum of one quarter or six paychecks)

- Indefinite (Automatic Annual Renewal; default)**  
Please renew my pledge automatically each year until I instruct you otherwise.
- Contact Me When It's Time to Renew**  
Please contact me when it's time to renew my pledge. At that time, I will advise you regarding changes or termination. If I do not respond at that time, you may renew my pledge, as defined above, for another year.

## SIGNATURE OF DONOR

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

**Return this signed form to the U.W. Tacoma Campus, Box 358432.**

## GIFT PROCESSING INFORMATION (for GP use only)

Gift Received	Advance ID Number	Data Tech Name	Date Entered on Advance	Date sent to Payroll	Pledge ID Numbers
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