



OSU/OSU FOUNDATION PAYROLL DEDUCTION FORM

I WANT TO

INITIATE

CHANGE

CANCEL

MY GIFT TO OSU.

I want to designate \$ _____ per month to the _____ fund.

I want to designate \$ _____ per month to the _____ fund.

I want to designate \$ _____ per month to the _____ fund.

I want to designate \$ _____ per month to the _____ fund.

I want to designate \$ _____ per month to the _____ fund.

Total monthly deduction \$ _____ to begin _____ (MM/01/YY).

My deduction is to: continue until further notice OR ends on: _____

I understand that this form authorizes Payroll to withhold from my salary and/or wages for the designated amount per month. I also understand the designated amount will be deposited with the OSU Foundation (the month following the deduction). If you do not designate a specific fund, your gift will be deposited into the General Scholarship Fund.

Signature _____ Date _____

Name (please print) _____

CWID _____ Donor ID (OSUF Use Only) _____

Department _____ Campus _____

Work Address _____ Work Phone _____

Work Email _____ Cell Phone (work) _____ (personal) _____

Home Address _____ Home Phone _____

Please complete entire form to ensure proper credit of your tax-deductible gift.

A19FS-DM2



RETURN TO:

OSU Foundation, 400 S. Monroe, CAMPUS MAIL
or P.O. Box 1749, Stillwater, OK 74076-1749
405.385.5100 | 800.622.4678 | OSUgiving.com

PLEASE NOTE: This form overrides existing payroll deduction. All fund deductions must be indicated on this form. Please call 405.385.5100 for Gift Processing if you need any assistance in completing this form.