



PAYROLL DEDUCTION

Name (Please print): _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____

Signature: _____ Date: _____

I/we pledge: \$_____ over a period of _____ pay periods.

Please continue my deduction until I request it be discontinued. _____ (Please initial here.)

Please begin payroll deduction on this date _____.

Enclosed: \$_____ Remainder \$_____ to be paid as follows:

Please indicate method of payment:

Payroll deduction of \$_____ per month (Banner ID# _____)

Payroll deduction of \$_____ per quarter (Banner ID# _____)

Payroll deduction of \$_____ annually (Banner ID# _____)

Please use this gift for one of the following:

Where the need is greatest Book Scholarships Complete College Scholarships

College Ready Emerging Scholars Career Certification Scholarship

Dual Enrollment Scholarship Employee Emergency Fund Student Emergency Fund

Faculty and Professional Staff Development Other _____

Please make your gift payable to Southwest Foundation. Your gift is tax deductible to the extent of the law.