## **Campus Campaign**

## **Payroll Deduction Form**



## **DONOR INFORMATION**

Panther ID		
Name (First, MI, Last)		
Department Name		
Campus P.O. Box		
E-mail Address		
Phone Number		
DONATION INFOR	<u>MATION</u>	
Please deduct fror	m my salary the amount of \$ per pay period beginning (mon	th/year).
I authorize this pa	yroll deduction.	
Please note that so	me faculty members are on a 10-month contract and can only have 10 deductions pe	r year.
ı		·
Signature		
Today's Date		
<u>DESIGNATIONS</u>		
would like to designa	ate my Campus Campaign payroll deduction gift to:	
\$ GSU F	und for Excellence	
\$ Colleg	e of	
\$ Rialto	Center for the Arts	
	und for the University Library	
_ \$Other (please specify)		
(Comp	lete listing can be found at www.gsu.edu/giving/cc)	
Total	amount per pay period	

Please print and return this form to The Georgia State University Foundation at P.O. Box 3963, Atlanta, Georgia, 30302-3963 or in person at One Park Place, Suite 533

Gifts to The Georgia State University Foundation are tax-deductible to the extent allowed by law.

THANK YOU FOR YOUR GENEROUS SUPPORT!

Questions? Contact us at 404-413-3446 or campuscampaign@gsu.edu

For Foundation U	lse Only
Date Received:	

Date Received:	
Date Processed:	
Date Sent to HR:	