PAYROLL DEDUCTION AUTHORIZATION - EMPLOYEE GIFTS

Date:__________  Employee Name:____________________________________
Department:______________________________________________________
Phone Extension:___________________

This payroll deduction is:  □ New
 □ Change of amount for active deduction
 □ Change in fund of active deduction
 □ In addition to active deduction
 □ Cancellation of active deduction

I authorize the following payroll deductions:

□ I am an Exempt Employee
   □ Ongoing payroll deduction of $________ per month
     
       OR
       □ Monthly deduction of $________; until my total pledge of $________is fulfilled

□ I am a Non-Exempt Employee
   □ Ongoing payroll deduction of $________ bi-weekly
     
       OR
       □ Bi-weekly deduction of $________; until my total pledge of $________is fulfilled

Ongoing deductions will renew automatically unless the Business Office Payroll Coordinator is notified of changes, updates, or cancellations.

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th>DESIGNATION OF DEDUCTION(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>□ The Wesleyan Fund</td>
</tr>
<tr>
<td>$</td>
<td>□ Other:</td>
</tr>
<tr>
<td>$</td>
<td>□ Other:</td>
</tr>
</tbody>
</table>

Special Instructions:


Signature:_________________________________  Date:__________________

Please sign the completed form and return to the Advancement Office, Holmes Hall, Suite 201. If you have further questions regarding giving to IWU, contact the Advancement Office at x3091.