

**This form is intended for use by ISU employees and should only be used for gifts to ISU programs supported through the ISU Foundation. If you have questions, please call (208) 282-3470.**

*By submitting this form, I understand that I am authorizing the ISU Payroll Office to make a payroll deduction for the designation(s) listed. This form will be processed upon receipt and may take up to two (2) pay periods to process. This authorization will remain in effect until the pledge is fulfilled, cancelled in writing, or upon termination of employment with Idaho State University. All changes of this authorization must be made in writing.*

### DONOR INFORMATION

Name: \_\_\_\_\_ Bengal ID: \_\_\_\_\_

Spouse: \_\_\_\_\_

Department: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am an ISU alumnus/a: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

### GIFT INFORMATION

New Payroll Deduction     Replace Existing Payroll Deduction     Add to My Existing Payroll Deduction

Designation	Deduction Per Pay Period	# of Pay Periods	Total

**Total Gift:**

**Additional Comments:** (note if gift should continue in perpetuity or until cancelled in writing)

### AUTHORIZATION

*I hereby request and authorize the Idaho State University Payroll Office to deduct the amount(s) designated above from my paycheck each pay period, and to remit the withheld amount(s) to the Idaho State University Foundation.*

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

### ISU FOUNDATION USE

Viking #: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Pledge Date Submitted: \_\_\_\_\_  
 Transaction #: \_\_\_\_\_ to Payroll Office: \_\_\_\_\_