

1835 Payroll Deduction Form

Donor Information (Please print or type)

Name _____

Billing Address _____

Phone _____

Email _____

Pledge Information

Effective Date _____

I pledge a total of:

Monthly Employee \$18.35 Bi-Weekly Employee \$8.47 Other Amount _____

To be paid to:

UWA Fund for Excellence

Scholarships

Other: _____

Acknowledgement Information

I (we) wish to have our gift remain anonymous.

Please use the following name(s) in all acknowledgements:

Employee Signature

Date

Office of Institutional Advancement
UWA Station 6
Livingston, AL 35470