

Payroll Deduction Authorization

THIS AUTHORIZATION:

- ☐ Initiates my automatic gift support through payroll deduction
- ☐ Changes the amount of my gift from that presently being withheld
- ☐ Terminates my payroll deduction gift support

- ☐ I wish to contribute a yearly total of \$ _____ to IPM, (33-331-710) or \$ _____ per check. (\$2.50 minimum)
- ☐ I wish to increase my current deduction from \$ _____ per check to \$ _____ per check.
- ☐ **Gift deductions will continue until I request termination.**
- ☐ **This is for one year only.**

I hereby authorize a deduction in the amount certified as the current rate of deduction to be withheld from my pay in accordance with the State Salary and Annuity Withholding Act, to be remitted to the University of Illinois Foundation, Payee Code Number 40.

Signature _____ Date _____

(print information below)

Name _____ UIN# _____

Home Address _____ City _____ Zip _____

U of I Department _____ Office Address _____ MC _____

Home Phone # _____ Work Phone # _____



MAIL TO:
Friends of WILL
University of Illinois Foundation
P.O. Box 734500
Chicago, IL 60673-4500

**If you have a question about payroll deduction, please
call the U of I Foundation office at 217-333-0810**