



PAYROLL DEDUCTION REQUEST

(for Purdue employees only)

Employee Name: _____

I authorize \$_____ to be deducted from each of my paychecks and contributed to Purdue University as designated below:

Giving Designations (minimum of \$1.00 per designation per pay):

\$ _____ Designation: _____
 \$ _____ Designation: _____
 \$ _____ Designation: _____
 \$ _____ Designation: _____

Please check one of the following:

☐ I am a new payroll donor. ☐ This is in addition to current deductions. ☐ This replaces current deductions.

My PUID is: _____ - _____ (Please enter if known)

Home Address: _____

Home Telephone: _____

Position Title: _____

Department/Building: _____

Office Telephone: _____

Preferred E-mail: _____

Signature: _____ Date: _____

Deductions begin the first pay period after this form is processed (please allow 2 weeks) and continue until you notify Development Services of a change and it is processed (please allow 2 weeks).

Send this form to:

Purdue Foundation
 Dick & Sandy Dauch Alumni Center
 403 West Wood Street
 West Lafayette, IN 47907-2007
 (800) 677-8780
 gifts@purdue.edu