

Winthrop University Foundation
302 Tillman Hall
Rock Hill, SC 29733

Faculty/Staff Payroll Deduction
Gift Authorization (WUF-R)

I authorize a continuous, semi-monthly pay period payroll deduction in the amount shown below to be deposited within the Winthrop University Foundation.

I understand that this deduction will continue until I notify the Foundation, in writing, of my desire.

Name (please print): _____

Winthrop ID Number _____

Home Address: _____

City, State, Zip: _____

Work Address: _____

Signature _____ Date _____

Amount of semi-monthly pay period deduction: \$ _____

Maximum amount annually \$ _____

Start Date for payroll deduction: _____

Please use my gift for: _____ the University's highest priorities (unrestricted)

_____ the College of _____ highest priorities (unrestricted)

_____ a restricted purpose (please specify): _____

_____ Eagle Club Membership

Note: Payroll deductions are made from 24 pay periods, or from 16 pay periods if a faculty members' compensation is based on a 9-month salary.
