

Winthrop University Foundation  
683 Oakland Avenue  
Sykes House  
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 to cancel this deduction.**

**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: \$**

**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.**