

The University of Texas at San Antonio

PAYROLL DEDUCTION GIFT FORM

Submit to the Advancement Services Office, UHT 1.466. If you have any questions, call ext. 5161.

PLEASE PRINT CLEARLY

Donor name

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Title

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I am (Check all that apply)

Faculty

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PAYROLL DEDUCTION: Amount of gift each month

\$ _____ monthly deduction

Designation: _____

Please provide account number if known

I hereby authorize The University of Texas at San Antonio to deduct from my paycheck each month the amount indicated above.

Donor Signature: _____

Date: _____

NOTE:

An annual statement of your gifts will be automatically provided to you for tax purposes in January.

Your contribution is tax deductible to the extent allowed by law. Please consult with your tax advisor for further information.

For Advancement Services Office Use Only

Original must be forwarded to Payroll Office with a copy retained for processing purposes.

Date received: _____ End Date: _____

Date forwarded to UTSA Payroll: _____