



University of Kansas – Lawrence Campus
Authorization for Payroll Deduction of Contributions to
The Kansas University Endowment Association

Employee Name: _____
Home Address: Street: _____
City: _____ State: _____ Zip Code: _____
Employee Social Security Number: _____ (Last 4 digits only)
Employee's Department at KU: _____
KU Telephone Number: _____ Home Phone: _____

I, the undersigned, hereby authorize payroll deduction and payment of a contribution in my behalf to The Kansas University Endowment Association. I authorize the amount of \$_____ to be deducted in each biweekly pay period beginning _____(MM/DD/YY) and ending _____MM/DD/YY) for a total amount of _____ or until I forward written notice to terminate my payroll deduction. I direct that my contribution is to be used for: Friends of the Lied

Fund Number _____ (*internal use only*)

I request that my contribution be credited:

- in my name only
 as a joint contribution from my spouse and me.

(*Spouse's full name* _____)
first middle last

other (please specify: _____)

I understand that this agreement may be changed or terminated upon delivery of 30 days advance written notice delivered to:

Delivery Address:
Gift Processing Department
Kansas University Endowment Association
1891 Constant Avenue
West Campus
(785-832-7402)

Mailing Address:
Gift Processing Department
Kansas University Endowment Association
P.O. Box 928
Lawrence, Kansas 66044-0928

Date: _____

Employee Signature: _____

Accepted: The Kansas University Endowment Association

By: _____ Date: _____