



University of Kansas – Lawrence Campus

Authorization for Payroll Deduction of Contributions to KU Endowment

Employee Name: _____

Home Address: Street: _____

City: _____ State: _____ ZIP: _____

Employee Social Security Number: _____ (Last 4 digits only)

Employee's department at KU: _____

Work Phone: _____ Home Phone: _____ E-mail: _____

I, the undersigned, hereby authorize payroll deduction and payment of a contribution on my behalf to KU Endowment for: (Fund name or purpose) _____

Fund Number _____ (internal use only)

Amount withheld each paycheck for this fund: \$ _____

Begin withholding on paycheck date: _____

For a total amount of \$ _____ OR Until I forward written notice to terminate my payroll deduction.

This is in addition to my existing payroll deduction This replaces my existing payroll deduction

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

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, KU Endowment, 1891 Constant Avenue, West Campus

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

Date: _____ Employee Signature: _____

Accepted: KU Endowment

Date: _____ By: _____