

## PAYROLL DEDUCTION AUTHORIZATION FORM

| Name  Mercer University Employee ID#:  Title  Department  FUND(S) I WISH TO SUPPORT (When selecting more than one fund please designate the amount to each fund.)  General University Support  SCHOOLS  College of Health Professions  Athletic Foundation  Tarver Library   |
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| FUND(S) I WISH TO SUPPORT (When selecting more than one fund please designate the amount to each fund.)  General University Support  SCHOOLS OTHER LIBRARIES College of Health Professions Athletic Foundation Tarver Library  |
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| SCHOOLS  ☐ College of Health Professions  OTHER  ☐ Athletic Foundation  ☐ Tarver Library   |
| SCHOOLS  ☐ College of Health Professions  OTHER  ☐ Athletic Foundation  ☐ Tarver Library   |
| ☐ College of Health Professions ☐ Athletic Foundation ☐ Tarver Library   |
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| ☐ College of Liberal Arts ☐ Baptist Scholars ☐ Swilley Library   |
| ☐ College of Pharmacy ☐ McDuffie Center for Strings ☐ Law Library  |
| ☐ Eugene W. Stetson School of Business ☐ Mercer On Mission ☐ Medical Library   |
| ☐ Georgia Baptist College of Nursing ☐ Mercer University Press   |
| ☐ McAfee School of Theology ☐ Parents Fund   |
| ☐ College of Professional Advancement ☐ Grand Opera House  |
| ☐ School of Engineering  |
| ☐ School of Medicine  Special Instructions:  |
| ☐ Tift College of Education  |
| ☐ Townsend School of Music   |
| ☐ Walter F. George School of Law   |
| ☐ Other Program  |
|  |
| I wish to support the University and hereby authorize the payroll office to deduct from my monthly paycheck the following contribution:  Deductions continue indefinitely.  To change your payroll deduction setup, please email bate_ca@mercer.edu with the subject "Payroll Deduction" and include the relevant information to discontinue or to change the fund(s) and/or amount(s) of deduction. |
| x 12 Periods   |
| \$ TOTAL   |
| (New or additional deduction?)   |
| DAVIOLI DEDUCTION DETAILS  |

Pursuant to the Revenue Reconciliation Act of 1993, no goods or services are provided to you. Mercer University's federal identification number is 58-0566167. The fiscal year is July 1 to June 30. Refer to your payroll check stub for your total contributions.

| SIGNTATURE OF EMPLOYEE DONOR               |  |
|--|--|
|  |  |
| Signature                                  |  |
| Date                                       |  |
| Begin my payroll deductions on this date*: |  |

## **LEADERSHIP GIVING LEVELS (Calendar Year)**

Chancellor's Circle – \$2500 (\$208.34 monthly)
President's Club – \$1000 (\$83.34 monthly)
Penfield Club – \$500 (\$41.67 monthly)
Spires Club – \$250 (\$20.84 monthly)
Towers Club – \$100 (\$8.34 monthly)

\*Please note, payroll is processed before the last day of the month. To ensure your gift is processed in the same month as your form is submitted, please submit your form before the 15th of the month.