

PAYROLL DEDUCTION AUTHORIZATION FORM

EMPLOYEE DONOR

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.)

<input type="checkbox"/> General University Support		
SCHOOLS <input type="checkbox"/> College of Health Professions <input type="checkbox"/> College of Liberal Arts and Sciences <input type="checkbox"/> College of Pharmacy <input type="checkbox"/> Stetson-Hatcher School of Business <input type="checkbox"/> Georgia Baptist College of Nursing <input type="checkbox"/> McAfee School of Theology <input type="checkbox"/> College of Professional Advancement <input type="checkbox"/> School of Engineering <input type="checkbox"/> School of Medicine <input type="checkbox"/> Tift College of Education <input type="checkbox"/> Townsend School of Music <input type="checkbox"/> School of Law <input type="checkbox"/> Other Program _____	OTHER <input type="checkbox"/> Athletic Foundation <input type="checkbox"/> Baptist Scholars <input type="checkbox"/> McDuffie Center for Strings <input type="checkbox"/> Mercer On Mission <input type="checkbox"/> Mercer University Press <input type="checkbox"/> Parents Fund <input type="checkbox"/> Grand Opera House Special Instructions:	LIBRARIES <input type="checkbox"/> Tarver Library <input type="checkbox"/> Swilley Library <input type="checkbox"/> Law Library <input type="checkbox"/> Medical Library

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 _____ Monthly Pay Periods

\$ _____ TOTAL

(New or additional deduction?)

PAYROLL 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.

SIGNATURE OF EMPLOYEE DONOR

Signature
Date
<i>Begin my payroll deductions on this date*:</i>

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.***

PLEASE RETURN COMPLETED FROM TO:

University Advancement
 Chrystal Bate
 Director of Advancement Services
bate_ca@mercer.edu