



PAYROLL DEDUCTION REQUEST

Employee Name (last, first, middle): _____

People Soft Employee ID: _____

Department: _____ **If retired, please check box:**

Mailing Address: _____

City: _____ **State:** _____ **Zip code:** _____

Daytime Phone: _____ **Email:** _____

Giving Designations:		MoCode (if known)
\$ _____	Designation: _____	_____
\$ _____	Designation: _____	_____
\$ _____	Designation: _____	_____

I hereby authorize \$ _____ be deducted from each pay period and contributed to the University of Missouri – Columbia as designated above:

- until further notice _____ (ongoing until you request it to stop)
- until (specific stop date) _____ (minimum of three pay periods)
- until total pledge of \$ _____ (is paid in full)
- I wish this gift to qualify me toward Sustaining Membership in the Jefferson Club.*

* If you are making a multi-year pledge, please sign here _____

Please check one of the following:

- I am a new payroll donor.
- This is in addition to a current deduction.
- This replaces current deductions

Signature: _____ Effective Date: _____

Comments: _____

Please send form to:
Mizzou Gift Processing
109 Reynolds Alumni Center
Columbia, MO 65211
573-882-0274
www.formizzou.edu