

# Graceland University Employee Payroll Deduction Authorization Form For Charitable Contributions

**This form replaces previous payroll deduction requests.**

**Please complete this form, print, sign, and forward to the Development Office.  
It will be processed and a copy will be returned to you.**

**Employee Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

I hereby authorize Graceland University to deduct the amount stated below from my paycheck for the period indicated, as a charitable contribution to Graceland. My contribution will be deducted monthly and I will receive a gift receipt twice per year; after December 31 and May 31.

Unrestricted (Graceland's greatest need)

Restricted to: \_\_\_\_\_

Please deduct \$ \_\_\_\_\_ monthly until further notice.

Please deduct \$ \_\_\_\_\_ monthly for \_\_\_\_\_ months beginning date \_\_\_\_\_.

Unrestricted (Graceland's greatest need)

Restricted to: \_\_\_\_\_

Please deduct \$ \_\_\_\_\_ monthly until further notice.

Please deduct \$ \_\_\_\_\_ monthly for \_\_\_\_\_ months beginning date \_\_\_\_\_.

Unrestricted (Graceland's greatest need)

Restricted to: \_\_\_\_\_

Please deduct \$ \_\_\_\_\_ monthly until further notice.

Please deduct \$ \_\_\_\_\_ monthly for \_\_\_\_\_ months beginning date \_\_\_\_\_.

**TOTAL monthly charitable gift payroll deduction \$** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date