



AUTHORIZATION FOR PAYROLL DEDUCTION OF CONTRIBUTIONS TO CASE WESTERN RESERVE UNIVERSITY

I HEREBY AUTHORIZE PAYMENTS TOWARD MY TOTAL PLEDGE OF \$\_\_\_\_\_ TO BE DEDUCTED MONTHLY IN \_\_\_\_\_ EQUAL INSTALLMENTS OF \$\_\_\_\_\_, (number) (monthly amt.)

STARTING WITH THE \_\_\_\_\_ PAY PERIOD.\* (month/year)

\*The deduction for CWRU employees paid on a semi-monthly basis will be taken from the last pay period each month.

PURPOSE:

DESIGNATION:

Annual Fund

School/College \_\_\_\_\_ please specify)

Other: \_\_\_\_\_ (please specify)

Account Number: \_\_\_\_\_ (if known, please specify)

Additional Designation/Notes: \_\_\_\_\_

PLEASE TYPE OR PRINT:

NAME: \_\_\_\_\_

EMPLOYEE ID#: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

If Case alum, please list school(s) and year(s): \_\_\_\_\_

PLEASE COMPLETE THIS FORM AND RETURN TO:

CINDY CREEGAN, Executive Director Advancement Services BioEnterprise #300, Loc. Code 7035 216.368.8552