

**University of West Georgia Faculty/Staff Gift Form  
USE FOR PAYROLL RECURRING DEDUCTION GIFT ONLY**

**DONOR/EMPLOYEE Information:**

Mr. / Mrs. / Ms. / Dr. (*circle one*)

\_\_\_\_\_  
Employee First Name                      Middle Name                      Last Name

Is gift to be credited to spouse/partner also?    Yes    No (*if yes, please provide name*)

Spouse/Partner First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ UWG Email User ID: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Department: \_\_\_\_\_

Title: \_\_\_\_\_

**PAYROLL Instructions for RECURRING gifts:**

I/we support UWG with a gift of \$\_\_\_\_\_ to be paid via payroll deduction each pay period.

I am a:            10 month employee            12 month employee            bi-weekly employee

UWG Employee ID# \_\_\_\_\_

**Payroll Deduction Notice:** *Your payroll deduction will begin with the next pay cycle deadline after which your completed form is submitted. You must sign this form to authorize this charitable gift payroll deduction, and to be compliant with IRS regulations.*

**10-month Employee Notice:** *Your payroll deduction will end May 31st and pick back up August 1st, unless otherwise instructed.*

**GIFT Information:**

Gift made in honor / memory (*circle one if applicable*) of \_\_\_\_\_

My gift is to the UWG Foundation Annual Fund **or as follows:**

UWG College, Division or Department \_\_\_\_\_ \$ \_\_\_\_\_

UWG Other \_\_\_\_\_ \$ \_\_\_\_\_

I hereby authorize the University of West Georgia to deduct, in accordance with University Policy, the amount designated above from my paycheck each payroll period, and to remit those amounts to the University of West Georgia Foundation, Inc. Any changes to these payroll instructions must be received in writing in the Payroll Office no later than 12 working days prior to the distribution date for that paycheck. I understand these payroll deductions will continue indefinitely until I notify Payroll to stop them, or they are automatically stopped due to changes in my employment status with UWG.

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return this form to Dale Duffey at the Alumni House.*