

Please return this form to:
Lehigh University
Development Office
622 Brodhead Avenue
Bethlehem, PA 18015-3055

For further information or questions
call: Development (866) 517-1552

Faculty and Staff Campaign Payroll Deduction Authorization Form

Name: (Please print) _____ Date: _____

LIN (Lehigh Identification Number): _____ Dept.: _____

Phone Ext.: _____ Email: _____

I authorize a deduction from my gross wages each pay period over the following term:

_____ Months - period beginning ____/____/____ and ending ____/____/____

Total Pledge: \$ _____ Amount per pay period: \$ _____

Gift Designation(s): Select the area(s) below for your gift and specify the allocation if you are supporting more than one. If you are supporting multiple areas please make sure the distribution amount equals your monthly deduction.

I would like to support scholarship programs with a gift to the Lehigh Fund. (Monthly Distribution) \$ _____

In addition, I wish to support:

- | | |
|---|----------|
| <input type="checkbox"/> Athletics Partnership | \$ _____ |
| <input type="checkbox"/> Challenge Scholarship | \$ _____ |
| <input type="checkbox"/> College of Arts and Sciences | \$ _____ |
| <input type="checkbox"/> College of Business and Economics | \$ _____ |
| <input type="checkbox"/> College of Education | \$ _____ |
| <input type="checkbox"/> P.C. Rossin College of Engineering and Applied Science | \$ _____ |
| <input type="checkbox"/> Library | \$ _____ |
| <input type="checkbox"/> Zoellner Arts Center | \$ _____ |
| <input type="checkbox"/> Other: (please specify) _____ | \$ _____ |

I/we choose not to receive any Zoellner Arts Center donor benefits beyond program listing. (The entire contribution may be considered tax-deductible.) Total \$ _____

I understand that this authorization will remain in effect for the term indicated above until I terminate my employment with Lehigh University or until I cancel it or change it by written notice to the Payroll Office. I understand that under IRS rules, an employee cannot donate to a fund that he/she manages and receive an official tax receipt.

SIGNATURE: _____

* Please note that fund designation restrictions may apply when contributing to a fund index that you manage. Financial Managers and/or authorized signers on fund indexes should refer to Lehigh University's Faculty/Staff Giving Policy to assist in determining acceptable designations as well as determining the charitable portion of your contribution.

For Official Use:

Date Received: _____ Received by: _____

Charitable Portion: _____ Designation(s): _____

Fees Portion: _____ Index Code: _____