



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

For further information or questions
call: Mary Rader at (610)758-5635

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: (Select one.)

- 36 Months - period beginning 1/1/07 and ending 12/31/09
Other: \_\_\_ 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 my gift to support the following area(s): (Monthly Distribution)

- Faculty and Staff Scholarship Fund \$ \_\_\_\_\_
Linderman Library Renovation \$ \_\_\_\_\_
Special Designation(s) for annual operational support - Lehigh Fund
Athletic Partnership \$ \_\_\_\_\_
College of Arts and Sciences \$ \_\_\_\_\_
College of Business and Economics \$ \_\_\_\_\_
College of Education \$ \_\_\_\_\_
Rossin College of Engineering and Applied Science \$ \_\_\_\_\_
Zoellner Arts Center \$ \_\_\_\_\_
General gift for annual operational support - Lehigh Fund \$ \_\_\_\_\_
Other: (Please Specify) \_\_\_\_\_ \$ \_\_\_\_\_

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: \_\_\_\_\_

For Official Use:
Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_
Charitable Portion: \_\_\_\_\_ Designation(s): \_\_\_\_\_
Fees Portion: \_\_\_\_\_ Index Code: \_\_\_\_\_