

PAYROLL DEDUCTION REQUEST FORM

Name _____ Employee # _____

Home Mailing Address _____
(Important for Receipt Purposes) _____

Fund: UPEI Faculty Association Student Achievement Fund Start Date: _____

Payroll deduction amount: _____ Number of pay periods: _____

Total Pledge Amount (Payroll Deduction Amount x Number of pay periods) _____

Signature _____ Date: _____

() I/We would like my/our name(s) to appear in the Annual Giving Report as:

() This gift is anonymous.

Please forward to Susan Gallant – UPEI Faculty Association, Room 214, Main Building, for processing.

THANK YOU FOR SUPPORTING UPEI STUDENTS!

UPEI Faculty Association

Date