



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:

Annual Fund
Other: _____ (please specify)

DESIGNATION:

School/College _____ 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
368-8552, FAX x4619