

PAYROLL DEDUCTION AUTHORIZATION

*Please return this form to
Ann-Mary MacLeod
Director of Development, UNM CON
Ann-Mary.MacLeod@unmfund.org
(505) 227-3432*

Name: _____

Home Address: _____

City, State & Zip: _____

Banner ID: _____

Email _____

I am: Staff Faculty Other
Payroll status: Bi-weekly Monthly Other

If you are already making payroll contributions, the contribution on this form is meant to:

- Be an additional contribution to the current one.
- Change just the amount or designation of the current contribution.
- Completely cancel and override the current contribution.

I hereby authorize the UNM Foundation, Inc. to:

Deduct \$ _____ each pay period until I notify you in writing to discontinue deductions.

OR

Deduct \$ _____ each pay period until my total gift is \$ _____.

OR

Deduct \$ _____ ONE TIME, from my next paycheck.

Please direct my gift (can choose more than one designation, please indicate dollar amount for each):

\$ _____ Nursing Scholarship Fund (828451)

\$ _____ Nursing Emergency Fund (828639)

\$ _____ Other (there are many other funds that support the CON; please contact me with your interest and we will find the one that is right for you.) _____

Signature

Date