## PAYROLL DEDUCTION FORM

**EMPLOYEE GIVING / WAGE EMPLOYEES** 



<b>Empl</b>	loyee I	Inform	nation

Name:		G Number:		
Job Title:		Division/Unit:		
Email:		Office Phone:		
Gift Designations				
dire designations				
Mason's Highest Priorities				
Please specify the amount you would lil	ke deducted	per paycheck for each designation bel	low, if any:	
Alumni Association Scholarship Endowment:	\$	University Endowment (unrestricted):	\$	
Mason Vision Fund (presidential priorities):	\$	Scholarship Fund (general support):	\$	
Mason Excellence Fund (our greatest needs):	\$	Mason Athletics (general support):	\$	
Other Designations				
Please name a specific school, college, ounit at Mason that you wish to support:				
	hletic team,	ınd □ School Library Fund ) \$ (library holdings for your sch	(hool) \$	
– OR –				
Name any other specific fund(s) not not	ted above:			
	\$		\$	
Gift Authorization				
I authorize George Mason University	to withhold	d a total of \$ per pay pe	riod.	
☐ I understand that I need to contact the GMU	Foundation at	campaign@gmu.edu in order to stop this pay	roll deduction.	
☐ I currently <b>DO NOT</b> have any other donation☐ This deduction is <b>IN ADDITION TO</b> other don ☐ This deduction will <b>REPLACE</b> any other donation	nations via pay	roll deduction.		
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SIGNATURE:		DATE:		