



Payroll Deduction Agreement

I want support USD with a gift through payroll deduction.

\$ _____ 60th Anniversary Founders Endowed Scholarship Fund

\$ _____ USD's greatest needs

\$ _____ College of Arts and Sciences

\$ _____ Alcalá Alumni Fund

\$ _____ School of Business Administration

\$ _____ USD Parents Fund

\$ _____ Hahn School of Nursing and Health Science

\$ _____ USD Alumni Endowed Scholarship Fund

\$ _____ Joan B. Kroc School of Peace Studies

\$ _____ Student Life Pavilion

\$ _____ School of Law

\$ _____ Other _____

\$ _____ School of Leadership and Education Sciences

\$ _____ Torero Athletic Association (Sport - _____)

\$ _____ TOTAL GIFT AMOUNT

Please deduct \$ _____ per month/per pay period. (Please circle one.)

Begin date: _____ End date: _____ Indefinitely

I am in the middle of a pledge. Please renew my pledge upon final payment.

Signature Authorizing Payroll Deduction

Date

Name _____

Employee ID # _____

Department/Title _____

Campus address _____

Campus phone _____

Campus e-mail _____

Home address _____

Home City/State/ZIP _____

Home phone _____

Home e-mail _____

Please return completed form to the Office of Annual Giving, Degheri Alumni Center Room 217.
Questions? Call (619) 260-4724 or email annualgiving@sandiego.edu.