The University of Texas at San Antonio

PAYROLL DEDUCTION GIFT FORM

Submit to the Advancement Services Office, UHT 1.466. If you have any questions, call ext. 5161.

PLEASE PRINT CLEARLY

Donor name			TEID		
Department/Office			ome Address		
Title					
Work Phone	ork Email		ome Phone	ome Email	
I am (<i>Check all that apply</i>)	$\square_{ ext{Faculty}}$	$\square_{ ext{Staff}}$	Alum nus		
PAYROLL DEDUCTION: Am ount of gift each month					
W	W Designation H		Please provide _a ccount numbet¶ _{known}		
I hereby authorize The University of T_{exas} at S_{an} Antonio to d_{edu} ct from my paycheck each month the amount indicated above.					
Donor Signature:			Date:	·	
			For Advancement Se	ervices Office Use Only	
NOTE: An annual statement of your gifts will be autom atically provided to you for tax purposes in January.				Original must be forwarded to Payroll Office with a copy retained for processing purposes.	
Your contribution is tax deductible to the extent allowed by law, p lease consult with your tax advisor for further information.			Date received:	End Date:	
			Date forwarded to UTSA Payroll:		