

PAYROLL DEDUCTION

Name (Please print):			
Address:			
City:	Sta	te:	_ ZIP:
Telephone:			
Signature:			Date:
I/we pledge: \$ over a period of _	pay periods.		
Please continue my deduction until I reques	st it be discontinued.		(Please initial here.)
Please begin payroll deduction on this date		·	
Enclosed: \$ Remainder \$ _	to be paid	as follows:	
Please indicate method of payment:			
☐ Payroll deduction of \$ per more	nth (Banner ID#)	
☐ Payroll deduction of \$ per qua	arter (Banner ID#)	
☐ Payroll deduction of \$ annuall	y (Banner ID#)	
Please use this gift for one of the following:			
☐ Where the need is greatest ☐ Book Scholarships ☐ Complete College Scholarships			
☐ College Ready ☐ Emerging Scholars	☐ Career Certifi	cation Scholarsh	nip
☐ Dual Enrollment Scholarship ☐ Employee Emergency Fund☐ Student Emergency Fund			
☐ Faculty and Professional Staff Developmen	nt 🗖 Other		

Please make your gift payable to Southwest Foundation. Your gift is tax deductible to the extent of the law.

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