

**PAYROLL DEDUCTION FORM**  
**UNCP ADVANCEMENT | UNCP FOUNDATION, INC.**

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Donor name(s): \_\_\_\_\_

Donor home and work address(es):

Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Donor home, work, mobile, and electronic contact:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Amount of monthly gift:** \_\_\_\_\_

**Purpose of and allocation for your gift:**

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**Will be paid via:** payroll deduction

If, in the opinion of the Chancellor of the University, in coordination with the UNCP Foundation, all or part of the funds cannot be appropriately used in the matter described herein, the Foundation may use this gift for other purposes as nearly aligned to the Donor's original intent as appropriate under the circumstances.

**I hereby authorize The University of North Carolina at Pembroke to deduct from my wages the monthly amount shown and to make monthly payments of this amount to the UNCP Foundation, Inc.**

**Donor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Banner ID:** \_\_\_\_\_