

Please return this form to:  
Lehigh University  
Development Office  
622 Brodhead Avenue  
Bethlehem, PA 18015-3055

For further information or questions  
call: Development (866) 517-1552

## Faculty and Staff Campaign Payroll Deduction Authorization Form

Name: (Please print) \_\_\_\_\_ Date: \_\_\_\_\_

LIN (Lehigh Identification Number): \_\_\_\_\_ Dept.: \_\_\_\_\_

Phone Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

I authorize a deduction from my gross wages each pay period over the following term:

\_\_\_\_\_ Months - period beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Pledge: \$ \_\_\_\_\_ Amount per pay period: \$ \_\_\_\_\_

**Gift Designation(s):** Select the area(s) below for your gift and specify the allocation if you are supporting more than one. If you are supporting multiple areas please make sure the distribution amount equals your monthly deduction.

I would like to support scholarship programs with a gift to the Lehigh Fund. (Monthly Distribution) \$ \_\_\_\_\_

In addition, I wish to support:

- |   |          |
|---|----------|
| <input type="checkbox"/> Athletics Partnership                                  | \$ _____ |
| <input type="checkbox"/> Challenge Scholarship                                  | \$ _____ |
| <input type="checkbox"/> College of Arts and Sciences                           | \$ _____ |
| <input type="checkbox"/> College of Business and Economics                      | \$ _____ |
| <input type="checkbox"/> College of Education                                   | \$ _____ |
| <input type="checkbox"/> P.C. Rossin College of Engineering and Applied Science | \$ _____ |
| <input type="checkbox"/> Library  | \$ _____ |
| <input type="checkbox"/> Zoellner Arts Center                                   | \$ _____ |
| <input type="checkbox"/> Other: (please specify) _____                          | \$ _____ |

I/we choose not to receive any Zoellner Arts Center donor benefits beyond program listing. (The entire contribution may be considered tax-deductible.) Total \$ \_\_\_\_\_

I understand that this authorization will remain in effect for the term indicated above until I terminate my employment with Lehigh University or until I cancel it or change it by written notice to the Payroll Office. I understand that under IRS rules, an employee cannot donate to a fund that he/she manages and receive an official tax receipt.

**SIGNATURE:** \_\_\_\_\_

\* Please note that fund designation restrictions may apply when contributing to a fund index that you manage. Financial Managers and/or authorized signers on fund indexes should refer to Lehigh University's Faculty/Staff Giving Policy to assist in determining acceptable designations as well as determining the charitable portion of your contribution.

### For Official Use:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Charitable Portion: \_\_\_\_\_ Designation(s): \_\_\_\_\_

Fees Portion: \_\_\_\_\_ Index Code: \_\_\_\_\_