



AUTHORIZATION FOR PAYROLL DEDUCTION OF CONTRIBUTIONS TO CASE WESTERN RESERVE UNIVERSITY

I HEREBY AUTHORIZE PAYMENTS TOWARD MY TOTAL PLEDGE OF \$_____ TO BE DEDUCTED MONTHLY IN _____ EQUAL INSTALLMENTS OF \$_____, (number) (monthly amt.)

STARTING WITH THE _____ PAY PERIOD.* (month/year)

*The deduction for CWRU employees paid on a semi-monthly basis will be taken from the last pay period each month.

PURPOSE:

Annual Fund _____

Other: _____ (please specify)

DESIGNATION:

School/College _____ (please specify)

Account Number: _____ (if known, please specify)

PLEASE TYPE OR PRINT:

NAME: _____

EMPLOYEE ID#: _____

HOME ADDRESS: _____

DATE: _____

SIGNATURE: _____

If Case alum, please list school(s) and year(s): _____

PLEASE COMPLETE THIS FORM AND RETURN TO:

CINDY CREEGAN, Executive Director University Relations, Information Services BioEnterprise #400, Loc. Code 7035 368-8552, FAX x4619 cjc8@case.edu