

Employee Payroll Deduction Donation Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge.

INSTRUCTIONS ou have an opportunity to contribute to the Texas A&M San Antonio Foundation through payroll deduction. Authorizations received by the 15th of the month will normally be processed in the next monthly payment cycle. Texas A&M San Antonio Foundation does not provide goods or services in consideration for contributions by payroll deduction.

Name: Department: Work Address (Include office/suite number: Address for Donation Acknowledgement Receipt:			UIN: Work Telephone: Email: Please check if you wish to remain anonymous								
						<u> </u>					
						<u>G</u>	ift Designation	Monthly Amount		Total Amou	ınt
I hereby authorize a contribution to Tofollows:	exas A&M San	Antonio Foundation throug	gh the pa	ayroll deduction plan	to be withdrav						
\$ to be deducted amount	monthly or	biweekly (check one)									
from each paycheck beginning date											
want to continue this deduction:											
until further notice											
until the date my total donation reaches \$	amount										
	amount										
Employee Signature		Date									
SUBMIT FORM TO:	NEED HELP?										
Advancement Services 1 University Way	Phone: (210) 784-1119										

San Antonio, TX 78224, Suite 435

Email: foundation@tamusa.edu