

Please return the completed form to:

Office of Development and Alumni Relations
125 Goodman Drive
Bethlehem, PA 18015-3086

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:

(Monthly Distribution)

- Scholarship programs with a gift to the Lehigh Fund. \$ _____
- Athletics Partnership \$ _____
- Asa Packer Society Scholarship \$ _____
- College of Arts and Sciences \$ _____
- College of Business and Economics \$ _____
- College of Education \$ _____
- P.C. Rossin College of Engineering and Applied Science \$ _____
- Library \$ _____
- Zoellner Arts Center \$ _____
- 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: _____