

# PAYROLL DEDUCTION AUTHORIZATION

*Stout University Foundation, Inc.*

Employee Name: \_\_\_\_\_

To be used in support of UW-Stout and the Stout University Foundation, please withhold \_\_\_\_\_  
per pay period beginning with my \_\_\_\_\_ (date to begin) check.

I wish to make my gift:

Unrestricted

50% Unrestricted, 50% restricted to \_\_\_\_\_

Fully restricted to \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

*I will notify the Foundation Office when I wish to alter this pledge.*

**Mail completed form to:**

Stout University Foundation, Inc.  
Louis Smith Tainter House  
320 South Broadway  
Menomonie, WI 54751  
715-232-1151  
[www.uwstout.edu/advancement/](http://www.uwstout.edu/advancement/)