

LINDENWOOD

U N I V E R S I T Y

Payroll Deduction Form

Name: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

\$ _____ per month in support of _____ (Fund #) to commence
on _____ (start date).

I hereby authorize my employer to make the above deductions from my pay to Lindenwood University in accordance with the above terms. This contribution will continue until canceled or superseded in writing.

Employee Signature: _____ Date: _____

Thank you for your on-going support of Lindenwood University!
Please return this form to Advancement at Advancement@lindenwood.edu.