

Texas Tech University
Texas Tech University Health Sciences Center

**Payroll Deduction Designated To Texas Tech
For Charitable Contributions
Authorization Form**

Special Instructions

1. Complete the form except for Section D.
2. All gifts are income tax deductible to the extent provided by law. In January following the calendar year of the deduction, the employee will receive from the Office of Development, an annual "Official Gift Receipt."
3. Enter the amount of your monthly gift next to the designation of your gift. The designation of your gift(s) MUST be to an established TechFirm account.
4. A minimum gift of \$2.00 per designated purpose will be required to substantiate the processing of the contribution.
5. The completed form must be forwarded to the Office of Development – Accounting Services (see address below).

SECTION A - Individual Information

Social Security Number Last Name First Name M.I.

School / Department Campus / City Work Telephone

SECTION B – Designation and Amount of Gift

I wish to make a gift(s) to the following established Texas Tech designation(s) / account(s).

1) _____ Purpose Description	_____ Account No. – if known	\$ _____ Monthly Amount
2) _____ Purpose Description	_____ Account No. – if known	\$ _____ Monthly Amount
OR		
3) <u>Guns Up Fund</u> University-wide area of greatest need	<u>161V-47-1059</u> Account No.	\$ _____ Monthly Amount
The total amount to deduct per month is		\$ _____

Deduction to begin effective with wages earned for _____
Month Year

- Continue my monthly gift until I cancel my deduction
- Cancel my deduction effective with wages earned for _____
Month Year

SECTION C – Authorization for Payroll Deduction

I voluntarily authorize this deduction from my after-tax wages for a charitable contribution as indicated above. I understand that this deduction will be in effect until I revoke this authorization by giving the Payroll Department of Texas Tech written notification or as implied above.

Employee Signature Date

SECTION D – For Office of Development – Accounting Services Use Only

Entity ID _____ Pledge ID _____ Date Entered _____ Initials _____

RETURN COMPLETED FORM TO
OFFICE OF DEVELOPMENT – ACCOUNTING SERVICES
PO BOX 45025 (Campus Mail Stop 5025)
LUBBOCK, TX 79409-5025

Please retain the Employee Copy for your records