

Payroll Deduction Form

I authorize the Adams State University Payroll Office to deduct the following from my check each month and deposit with the Adams State College Foundation:

Amount: _____ Number of Months: _____

Name: _____ ID Number: _____

Signature: _____ Date: _____

Please check one (for purposes of ASU Foundation only):

Unrestricted (where need is greatest)

This contribution is restricted to: _____

**PLEASE RETURN FORM TO THE FOUNDATION OFFICE,
RICHARDSON HALL – SUITE 2-500.**