UNIVERSITY *of* ARKANSAS AT PINE BLUFF
1873

Office of Development
Payroll Deduction Form

Date_____

Name:_____   Employee ID #:_____

Class Year (if graduate):_____   UAPB Department:_____

Campus Mail Box Number:_____   Campus Phone Number:_____

Pledge Amount $_____.00

Purpose of Gift:

☐ Unrestricted (University's Highest Priorities)
☐ Restricted

    ☐ Area/Department_____
    ☐ General Scholarship_____
    ☐ General Endowment Scholarship_____
    ☐ Alumni Scholarship Endowment_____
    ☐ Other_____

Name preferred for publication:_____

I hereby authorize UAPB to deduct $_____ per pay period from my salary check for my pledge.

Please start this deduction with the pay period ending _____.
    ☐ Continue this deduction until my total pledge of $_____ is paid.
                     or
    ☐ Continue this deduction until canceled by me.

_____

Signature