Andrews University

Payroll Deduction Card
(26 pay periods per year)

Total Deduction Amount: $____________ Amount to deduct per pay period: $________

Please chose one of the following (one, two or three years) for the length of the pledge: __________

Name of fund you’d like to donate to: _____________________________________________________

Fund number (if known): ______________________________

Your name (Please print): _______________________________

Signature: ___________________________________________

ID#: _______________________ Email address: ________________________ Date: _____________