

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: _____

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