



60th Anniversary Capital Campaign 60-Hour Club DONATION FORM



Employee Name: _____

Mailing Address: _____

Contact Number: _____

Email Address: _____

Division/Department: _____

Hourly Pay: _____

Effective Date: _____

PAYMENT OPTIONS – Use the Work Sheet for More Information

I want my 60 hours deducted from my paycheck in _____ years(s), and I hereby authorize my employer to withhold from my bi-weekly wages the amount stated below and remit to the UOG Endowment Foundation.

Amount of Deduction Per Pay Period _____

Amount deducted per **Pay Period (PP)**, maximum of 60 months/5 years

5 years (130 PP) 4 years (104 PP) 3 years (78 PP) 2 years (52 PP) 1 year (26 PP)

I want to donate my 60 hours as a direct payment to the UOG Endowment Foundation. I will pay \$ _____ in _____ months.

In joining the 60-Hour Club, I commit to the 60th Anniversary Capital Campaign with the amount stated above and remitted to the UOG Endowment Foundation.

Signature

Date

PRINT, SIGN AND SUBMIT TO THE PAYROLL OFFICE. THANK YOU!