

**Questions?**  
Please call 575-2280 or  
email [merin@uark.edu](mailto:merin@uark.edu)

**Payroll Deduction  
Gift Form**



**Partners**

- Dale Bumpers College of Agricultural, Food and Life Sciences
- Fay Jones School of Architecture
- J. William Fulbright College of Arts and Sciences
- Sam M. Walton College of Business
- College of Education and Health Professions
- College of Engineering
- Graduate School and International Education
- Global Campus
- Honors College
- School of Law
- Student Affairs
- University Libraries
- Alumni Association Fund of Excellence
- College Access & Diversity
- KUAF 91.3 FM National Public Radio
- Parents Fund
- Pryor Center for Arkansas Oral and Visual History
- Razorback/University Bands
- Research and Economic Development
- Staff Senate Scholarship Fund
- University of Arkansas Press
- Women's Giving Circle



UNIVERSITY OF ARKANSAS

**Payroll Deduction Options for University of Arkansas Employees:**  
See the chart below for monthly contribution ideas.

I am a new payroll deduction donor.  
This is in addition to my current payroll deduction gift(s).  
This replaces my current payroll deduction gift(s).

Please deduct \$ \_\_\_\_\_ per pay period beginning in \_\_\_\_\_ (month, year).

Please continue this deduction:  
\_\_\_\_\_ months for a total gift of \$ \_\_\_\_\_  
until further notice

12-Month Employee      9-Month Employee\*      Hourly Employee

University ID #: \_\_\_\_\_

Signature: (required) \_\_\_\_\_ Date: \_\_\_\_\_

**Please designate my gift to:**

University's highest priority Department: \_\_\_\_\_ College or School: \_\_\_\_\_  
Other Area: \_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_  
I am a:      Faculty member      Staff member      Retiree  
Job Title: \_\_\_\_\_  
Department: \_\_\_\_\_ College/School: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City /State/Zip: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_ Home      Cell      Work

**Gift Options:**

This is a joint gift with my spouse/partner: \_\_\_\_\_  
My spouse's employer, \_\_\_\_\_, will match my gift.

**Increase Your Impact with a Payroll Deduction Gift**

Annual Contribution	Deduction Per Pay Period Based on Your Payroll Schedule	
	Monthly*	Bi-Monthly
\$60.00	\$5.00	\$2.50
\$100.00	\$8.34	\$4.17
\$250.00	\$20.84	\$10.42
\$500.00	\$41.67	\$20.83

**R16W**

\*Deductions for 9-month employees can only be made between August and May.

Thank you for your gift! Please return completed form with signature to:  
Office of Annual Programs, 311 UNHS or email a PDF to [merin@uark.edu](mailto:merin@uark.edu).  
No goods or services will be provided for this gift. Please keep a copy of this form for your records.