

PAYROLL DEDUCTION AUTHORIZATION

Please return this form to the UNM Foundation, Inc.

Two Woodward Center

700 Lomas NE

Albuquerque, NM 87102

Or email: emanderson@salud.unm.edu

Name: _____

Home Address: _____

City, State & Zip: _____

Banner ID: _____

Email _____

Payroll status: Bi-weekly Monthly Other

If you are already making payroll contributions, the contribution on this form is meant to:

- Be an additional contribution to the current one.
- Change just the amount or designation of the current contribution.
- Completely cancel and override the current contribution.

I hereby authorize the UNM Foundation, Inc. to:

Deduct \$ _____ each pay period until I notify you in writing to discontinue deductions.

OR

Deduct \$ _____ each pay period until my total gift is \$ _____.

OR

Deduct \$ _____ ONE TIME, from my next paycheck.

Please direct my gift (can choose more than one fund, please indicate dollar amount for each):

\$ _____ La Tierra Sagrada Society Medical Student Fund #201241

\$ _____ La Tierra Sagrada Society Physical Therapy Fund #203079

\$ _____ La Tierra Sagrada Society Occupational Therapy Fund #203077

\$ _____ La Tierra Sagrada Society Physician Assistant Fund #203078

Signature

Date