



**PAYROLL DEDUCTION
PLEDGE CARD**
THE UNIVERSITY OF MISSISSIPPI FOUNDATION

NAME: _____ UM Employee ID: _____

I WISH TO SUPPORT THE UNIVERSITY OF MISSISSIPPI WITH A PLEDGE TO: _____ (

) UNRESTRICTED () RESTRICTED FOR _____

I AUTHORIZE DEDUCTIONS OF \$ _____ **PER PAY PERIOD** BEGINNING ON _____

FOR A TOTAL OF \$ _____

SIGNATURE: _____ DATE: _____

Please fill in and sign this form. The signed form should be mailed to:

1) campus mail- Brandt Memory House OR

2) The University of Mississippi Foundation
P.O. Box 249
University, MS 38677

For questions and inquiries, please call the UM Foundation at 915-5944.