



MILLIKIN
UNIVERSITY®

Payroll Deduction Form
Millikin University Faculty/Staff Campaign

I would like to continue my **current payroll deduction** for another year.

I pledge \$ _____ **per pay period**, beginning _____, and continuing for:
_____ pay periods _____ year(s) _____ continue indefinitely (until notified by me to stop)

I would like to make a \$ _____ **one-time payroll deduction**, to be deducted from my pay during the next payroll cycle.

Please apply these funds to the following designation(s): Millikin Fund Annual Scholarships

Other (please specify) _____

No thanks. I do not plan to participate in the payroll deduction program at this time.

Signature _____ Date _____

Name (please print) _____ Millikin ID _____

THANK YOU FOR YOUR SUPPORT!