



# Southern Arkansas University Foundation Payroll Deduction Agreement

**I wish to support the Southern Arkansas University Foundation.**

Beginning \_\_\_\_\_, 20\_\_\_\_, deduct \$ \_\_\_\_\_

per month from my salary for the SAU Foundation, Inc.

This contribution will continue until I notify you in writing.

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Name (Print)

Signature

Date

**My contribution is to be used for:**

- Academic Enrichment Endowment - name of endowment \_\_\_\_\_
- Athletic Endowment - name of endowment \_\_\_\_\_
- Scholarship Endowment - name of endowment \_\_\_\_\_
- Other - name of fund \_\_\_\_\_
- Blue and Gold Vision Capital Campaign

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please send your completed form to the SAU Foundation, Slot #26.