

# 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.

Name: \_\_\_\_\_ 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

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

