

Payroll Deduction Form

Join your co-workers in supporting WVU Parkersburg. Sign up for automatic donations, to be deducted from each paycheck, supporting the cause of your choice.

PLEASE SELECT THE REQUEST TYPE

- New Donation Additional Donation Change Cause Cancel Donation

EMPLOYEE INFORMATION

NAME: _____ LAST 4 NUMBERS OF SSN: _____

ADDRESS: _____
STREET ADDRESS, CITY, STATE & ZIP-CODE

EMAIL ADDRESS: _____ PHONE: _____

CAUSE CATEGORY

Please indicate the donation amount for your selected cause(s) next to each cause you wish to give to. All donations will be deducted one time per pay period. Please allow one to two pay periods for all changes to take effect.

STUDENT HELP

- \$ _____ EARLY COLLEGE SCHOLARSHIPS
- \$ _____ EMPLOYEE SCHOLARSHIPS
- \$ _____ SINGLE PARENT SCHOLARSHIPS
- \$ _____ STUDENT EMERGENCY FUND
- \$ _____ TRAVEL ABROAD FUND
- \$ _____ VETERAN'S CORP FUND
- \$ _____ WELDING SCHOLARSHIPS
- \$ _____ OTHER: _____

ACADEMIC ENHANCEMENT

- \$ _____ BUSINESS, ECONOMICS & PUBLIC SERVICE
- \$ _____ EDUCATION
- \$ _____ HUMANITIES, FINE ARTS & SOCIAL SCIENCES
- \$ _____ LIBRARY SUPPORT
- \$ _____ NURSING & HEALTH SCIENCES
- \$ _____ SCIENCE, TECHNOLOGY ENGINEERING & MATH
- \$ _____ WORKFORCE & COMMUNITY EDUCATION FUND
- \$ _____ OTHER: _____

FACILITY IMPROVEMENTS

- \$ _____ CENTER FOR EARLY LEARNING
- \$ _____ JACKSON COUNTY CENTER
- \$ _____ PARKERSBURG CAMPUS
- \$ _____ PRIORITY NEED
- \$ _____ OTHER: _____

OTHER

- \$ _____ 1961 SOCIETY
- \$ _____ ALUMNI FUND
- \$ _____ OAKLAND FUND
- \$ _____ OTHER: _____

EMPLOYEE CERTIFICATION

Please deduct the listed amount(s) above from my paycheck, one time each pay period until further notice.

Employee Signature (X) _____ Authorization Date: _____

**** Please return your completed form to Institutional Advancement in room 1110 or email to foundation@wvup.edu.****