

Please return completed form to:

University Relations
University of Saskatchewan
G16 Thorvaldson Building, 110 Science Place
Saskatoon SK S7N 5C9
gift.processing@usask.ca

Faculty and Staff Payroll Deduction Giving

☐ Yes! I'd like to support U of S students and faculty, helping all of us to succeed!

Attention: Controller, Universi You are hereby authorized and in		ing deductions from my	salary as outlined helow.	
Option 1:	istracted to make the following	ing acadetions from my	salary as outlined below.	
l'd like to give \$		_ months for a total of \$, (MM/DD/YY).		
Option 2:				
I'd like to give \$	per month until further notice (upon receipt of cancellation in writing).			
I'd like my gift to support:				
☐ General Scholarships☐ ASPA Scholarships	☐ The President's Fund☐ Other (please specify)	□ CUPE Scholarships		
This is a joint gift with my spouse: Yes No				
His/her full name:				
Thank you!				
In recognition of your gift, the university honours campus community donors on occasion through invitations to special events, listings in online and print publications, and provides updates on the impact of your giving.				
If you choose not to be publicly Please check any or all of the follo	, ,	vill honour your wishes.		
☐ Do not publish my name with regard to this gift.				
☐ Do not publish my name with regard to all gifts.				
Signature:		Date:	_(MM/DD/YY)	
Printed name:		Campus phone:		
Campus address:				
☐ Yes! I am interested in learning including gifts of stock, life in		n support my university,		

For more information on supporting our university, visit usask.ca/support.