



**University of Kansas – Lawrence Campus**  
**Authorization for Payroll Deduction of Contributions to**  
**The Kansas University Endowment Association**

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

Home Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_ (Last 4 digits only)

Employee's Department at KU: \_\_\_\_\_

KU Telephone Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I, the undersigned, hereby authorize payroll deduction and payment of a contribution in my behalf to The Kansas University Endowment Association. I authorize the amount of \$\_\_\_\_\_ to be deducted in each biweekly pay period beginning \_\_\_\_\_ (MM/DD/YY) and ending \_\_\_\_\_ MM/DD/YY) for a total amount of  \_\_\_\_\_ or  until I forward written notice to terminate my payroll deduction.

I direct that my contribution is to be used for: Kansas Public Radio (KPR) #33967

*Fund Number* \_\_\_\_\_ (*internal use only*)

I request that my contribution be credited:

in my name only

as a joint contribution from my spouse and me.

(Spouse's full name \_\_\_\_\_ )  
*first middle last*

other (please specify: \_\_\_\_\_ )

I understand that this agreement may be changed or terminated upon delivery of 30 days advance written notice delivered to:

Delivery Address:  
Gift Processing Department  
Kansas University Endowment Association  
1891 Constant Avenue  
West Campus  
(785-832-7402)

Mailing Address:  
Gift Processing Department  
Kansas University Endowment Association  
P.O. Box 928  
Lawrence, Kansas 66044-0928

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Accepted: The Kansas University Endowment Association

By: \_\_\_\_\_ Date: \_\_\_\_\_