

UNIVERSITY OF LA VERNE
UNIVERSITY RELATIONS
PAYROLL DEDUCTION FORM

NAME: _____

DEPARTMENT: _____

EXTENSION: _____

ONGOING MONTHLY AMOUNT: _____ **OR** TOTAL AMOUNT DESIGNATED: _____

AMOUNT DESIGNATED
PER PAY PERIOD: _____

DESIGNATION: _____

SIGNATURE: _____ **DATE:** _____

(FOR OFFICE USE ONLY)

GL # _____

START DATE: _____

DATE RECEIVED: _____

PLEASE SIGN AND RETURN TO:
UNIVERSITY RELATIONS
ATTN: DEBRA CALDERON MORALES
DIRECTOR OF DEVELOPMENT SERVICES
EXT. 4690
calderon@ulv.edu