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| **CONTACT INFORMATION**Name:      Home Address:      City:       State:    Zip:      Home Phone:      Email:      Spouse Name:      Campus Address (Building):      Campus Department:      Campus Phone Number:      [ ]  Faculty [ ]  Staff [ ]  UTEP Alum**GIFT DESIGNATION**[ ]  Center for Faculty Leadership and Development[ ]  College of       [ ]  Department of      [ ]  Division of      [ ]  Other       | **PAYROLL DEDUCTION**[ ]  Deduct the following amount each month as long as I am a member of the UTEP Family: [ ]  $5 [ ]  $15 [ ]  $20 [ ]  $25 [ ]  $50 [ ]  Other $      **AUTHORIZATION FOR PAYROLL DEDUCTION**I authorize this deduction from my after-tax wage for a charitable contribution as indicated. I understand that deductions will begin with the next available pay period following this submission and will end with the completion of installments as indicated above. I also understand that I may adjust or revoke this authorization at any time with written notice to the UTEP Office of Asset Management and Development.Employee ID (600#):       Date:      Signature: **OTHER PAYMENT METHODS**[ ]  Enclosed check (Payable to UTEP)[ ]  Visa [ ]  MasterCard [ ]  Discover [ ]  American ExpressName on Card:      Card #:      Exp. Date:       |

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| C:\Users\jcalzadillas2\AppData\Local\Microsoft\Windows\INetCache\Content.Word\Family Campaign Logo.png | **Print and return completed form to:**The University of Texas at El PasoAsset Management and Development | Kelly Hall, 6th Floor | 500 W. University Ave. | El Paso, Texas 79968Tel: 915.747.8533 | Fax: 915.747.8568 | http://givingto.utep.edu  |