

Payroll Deduction Form

Date _____ Drury ID# _____
Name _____
First MI Maiden Last

Yes! I would like to support Drury through Payroll Deduction.
Please have \$_____ deducted per paycheck.

Effective date of deduction: _____ (Month/Day/Year)
Ending date of deduction: _____ (Month/Day/Year)
OR until I notify you: _____ (please initial)
____ (Signature required)
Payroll deduction forms received in the Office of Institutional Advancement on or before the 15th of every month will begin during that month, unless otherwise noted. Deduction forms received after the 15th will begin the following month. For payroll deduction questions, please contact Human Resources, at (417) 873-7434.

GIFT DESIGNATIONS:

You may choose to designate your gift to any of the following funds by completing the gift allocation chart below:

- The Annual Drury Experience Fund
School:
Athletics:
Other (specify):

Total _____

Please check if you would like your gift to remain anonymous.

Special Instructions: _____

Please return this form to the Office of University Advancement,
900 N. Benton Ave., Springfield, MO 65802.

Questions?

Please contact Melanie Earl-Replogle, Director of Annual Giving and Donor Stewardship at
417.873.7444 or mearl@drury.edu

Thank you for your support!