UNIVERSITY OF ARKANSAS

PAYROLL DEDUCTION AUTHORIZATION FORM

Please deduct $_____ from my paycheck for _____ months (maximum 24 months), totaling $_____ for National Public Radio affiliate KUAF. I direct that my gift be deposited in the University of Arkansas Foundation/KUAF.

I am a (check one) ___9 month ___12 month ___ hourly employee

_____
PRINT Name

_____
Employee's Signature Today's Date

_____
Employee's ID number

_____
Home Address

_____
Home Telephone Office Telephone

_____
Employee's Email Address