

**University of Wisconsin Oshkosh Foundation Inc.  
Payroll Deduction Authorization Form**

I authorize monthly/biweekly (circle one) payroll deductions of \$....., beginning (date).....

to benefit the following fund/department:.....

Title(s) ..... (Dr., Mr., Mrs., Ms.) Name(s).....

Address .....

City ..... State ..... Zip.....

Signature ..... Phone: .....

Soc. Sec. No. (last 4 digits) ..... or Payroll id# .....

Please return completed form to the University of Wisconsin Oshkosh Foundation, 625 Pearl Ave., Oshkosh WI 54901-3556.