

**University of Wisconsin Oshkosh Foundation Inc.
Payroll Deduction Change/Cancellation Form**

Please stop all payroll deductions to the UW Oshkosh Foundation.

Please change my monthly/biweekly (*circle one*) Foundation deductions to \$ 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.