

MICDS

Payroll Deduction Authorization 2018-2019 Annual Giving

Date: _____

To: MICDS Alumni & Development Office and Business Office

From: (Print Name) _____

I authorize MICDS to make payroll deductions to the MICDS Fund as my contribution to the 2018-2019 annual giving campaign (**fiscal year ending June 30, 2019**).

My total pledge is \$ _____ *

Please withdraw \$ _____ per consecutive pay period for _____ months (**through June 2019**), beginning _____ of _____ (month & year).

Signature of Employee _____

**We ask for a minimum pledge of \$5.00, per the Business Office, to cover processing.
Complete this form and send it via email or inter-office mail to Allison Light in the Development Office.
If you have any questions or concerns, please contact Allison at
314-995-7381 or alight@micds.org.*

Thank You!