



Payroll Deduction Authorization for Gifts to Lab

- 1) Please complete this form and forward it to ***The Laboratory Schools, Alumni Relations & Development, 1362 E. 59th Street, Chicago, IL 60637*** or scan and email to (development@ucls.uchicago.edu)
- 2) Lab will forward the form to the Payroll Department to begin the deductions.

Donor Information

Name: _____

Employee ID. _____

Department _____
Address: _____

Office Phone: _____

Pay Frequency: ☐ Monthly ☐ Bi-Weekly

Gift Information

Gift Amount (Total Amount to be Deducted): \$_____

Deduction Start Date: _____

Deduction Amount per Pay Period: \$_____

Must be equal amounts each pay period.

Gift Designation: (example, Fund for Lab – 100%)

_____ Percent of Deduction _____%

_____ Percent of Deduction _____%

_____ Percent of Deduction _____%

_____ Percent of Deduction _____%

Signature: _____ Date: _____