

Scholarship Fund

Payroll Deduction Authorization Form

Employee Name: _____

Department: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone Number: _____

Please deduct \$ _____ per pay.

Beginning (month and year) _____ 15, _____

There is a \$5 minimum required to enroll in payroll deduction. Please specify in whole dollar amounts only.

Please designate my gift as follows:

- Wilmington University Scholarship Fund (General)
- Dr. Jack P. Varsalona Scholarship
- Future of Nursing Excellence Scholarship
- Linda Thomas Scholarship
- Mig Reardon Memorial Nursing Scholarship
- Quinn Family Memorial Scholarship
- Dr. Stephanie Battis Memorial Scholarship Fund

If no designation is selected, your contribution will benefit the Wilmington University Scholarship Fund.

Donor Honor Roll Listing

Please print your name as you would like it to appear in the Donor Honor Roll
(if different from name listed above):

- Please do not list my name in the Donor Honor Roll.
(Unless otherwise directed, all donors will be listed in the Donor Honor Roll.)

Employee Signature: _____ Date: _____

By signing above, I authorize this gift by payroll deduction to be automatically renewed each year, until such time as I terminate employment or notify the Development Office in writing.

Upon completion, please return this form to the Development Office.

@ development@wilmu.edu



WILMINGTON
UNIVERSITY®

Scholarship Fund

100% 

of donations go directly toward student scholarships and are tax deductible

Giving Made Easy Through Payroll Deduction

Sample Deductions	Annual Gift*
\$5	\$120
\$10	\$240
\$15	\$360
\$20	\$480
\$25	\$600

**Based on one year's worth of donations (24 pay periods)*

Levels of Annual Giving

Emerald Club \$5,000+
Platinum Club \$2,500-4,999
Gold Club \$1,000-2,499
Silver Club Up to \$999

Thank you!

If you have any questions, please contact the **Development Office**