

**Iowa 4-H Foundation**  
**Payroll Deduction Form**  
(ISU Employees Only)

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ University ID Number \_\_\_\_\_

**Method of Giving**

PAYROLL DEDUCTION

I authorize the payroll office to deduct \$\_\_\_\_\_ per pay period for \_\_\_\_\_ year(s) for a total gift of \$\_\_\_\_\_. Please begin my pledge payments in \_\_\_\_\_ month/year. I am paid:  semi-monthly *or*  monthly and  for 10 months *or*  for 12 months

DIRECT CONTRIBUTION Enclosed is a check for \$\_\_\_\_\_ made payable to the ISU Foundation. Please bill me for this same amount:  monthly  semi-annually  annually *or*  billing other than monthly \_\_\_\_\_ beginning the month of \_\_\_\_\_ for \_\_\_\_\_ years.

**Gift Designation** I wish my gift to be used for:

- Iowa 4-H Foundation's greatest needs *or*
  - the specific 4-H program area(s) of \_\_\_\_\_
- \_\_\_\_\_

**More Information** Please have a 4-H Foundation staff member contact me about:

- Will provision
- Charitable trust
- Stock gifts
- Life insurance gift
- Order of the Knoll membership
- Tax consequences/current legislation related to gifting retirement assets to heirs.

I wish my gift to be confidential.

Please give joint recognition to my spouse for this gift/pledge. *If your spouse works for a matching gift company, please be sure to include matching gift forms with your gift or pledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please enter your information, print this page, sign, date and mail back to:

Iowa 4-H Foundation  
Extension 4-H Youth Building  
1259 Stange Road  
Ames, IA 50011-1002