

**YSU FUND
Authorization for Payroll Deduction**

Employee Name: _____

Banner ID Number: _____

Preferred Title: *(ex: Dr. & Mrs. Anthony Stocks)* _____

Department: _____

Home Address: _____

City, State, Zip: _____

Email: _____

Primary Phone: _____

My Signature _____

Date _____

Thank you!

*Please send pledge forms in campus mail to YSU Foundation, Melnick Hall,
or scan and email to dbaker@ysufoundation.org.*

Amount Per Pay: \$_____ for _____ Pays =

Total Pledge _____

Bi-weekly Semi-monthly

PLEDGES CANNOT EXCEED 12 MONTHS

Start Date: _____

Designation(s): _____



**YOUNGSTOWN
STATE
UNIVERSITY**



**YOUNGSTOWN
STATE
UNIVERSITY
FOUNDATION**