



## Payroll Deduction Form

Name \_\_\_\_\_ Wheaton I.D. \_\_\_\_\_

Amount to be deducted per pay period through Payroll Deduction:

\$ \_\_\_\_\_ monthly

\$ \_\_\_\_\_ bi-weekly

Donors with annual gifts of \$1,000 or more are recognized as members of the Mary Lyon Leadership Society.

Total Amount	Monthly Deduction
\$100	\$8.34
\$250	\$20.84
\$500	\$41.67
\$1,000	\$83.34

*Calculations based on 12 month schedule*

Wheaton College's  
fundraising year runs July  
1 through June 30.

Total Amount	Bi-Weekly Deduction
\$100	\$3.85
\$250	\$9.62
\$500	\$19.23
\$1,000	\$38.46

*Calculations based on 26 bi-weekly schedule*

I would like my donation to support: *(please check/circle the area(s) of importance to you)*

Annual Fund

The College's Greatest Needs

Academic & Faculty Support

Arts & Creative Expression

Campus Preservation & Enhancements

Diversity, Equity, Inclusion, & Belonging

Experiential Learning & High Impact Experiences

Public Health & Service

Scholarships & Financial Aid

Science, Technology & Innovation

Student Support & Success

Lyons Athletics Club

Other *(please specify)*: \_\_\_\_\_

Anonymous: I would like my donation to remain anonymous. *(please circle)* Yes No

Matching Gift: My spouse/partner is employed by \_\_\_\_\_  
*A matching gift company*

Tribute Gift: My donation is in honor or memory of \_\_\_\_\_  
*Name and Wheaton Affiliation*

By signing below, you agree to authorize Wheaton College payroll department to deduct the above amount from your pay. If you wish to change or discontinue this agreement, please notify the Gift Processing Department and the Payroll Department.

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

**Please complete this form and bring/send to:**

**College Advancement | Gift Processing | Mary Lyon Hall, Room 209 | [giftprocessing@wheatoncollege.edu](mailto:giftprocessing@wheatoncollege.edu)**