

**Chancellor's Commission on the Status of Women
Donation for the CCSW Alumni Revolving Fund**

[] Attached is my donation in the amount of _____

Make checks payable to UNO Alumni Association – CCSW

OR

[] I authorize UNO to deduct per [] biweekly * _____ [] monthly _____

*Biweekly deductions are divided over 24 paychecks (not 26) in a 12-month period of time

I hereby authorize the University of Nebraska to deduct from my earnings the amount indicated for the UNO CCSW Revolving Fund.

Faculty or Staff Signature _____ Date _____

Name _____ Personnel # _____

Campus Address _____ Email Address _____

Home Address _____ City _____ State _____ Zip _____

DO NOT WRITE BELOW THIS LINE					
Wage Type	Amount Deducted Per Check	Pay Period Biweekly*	Pay Period Monthly*	Total Donation	Start Date
7700	\$	[]	[]	\$	

Return the form to Payroll Dept., Human Resources, EAB 205.

Contact Payroll Services in Human Resources @ ext. 4-2739 or the UNO Alumni Association @ ext. 4-2459 to change your payroll deduction.