



Payroll Deduction Card

Yes, I want to support the PEA Scholarship Fund with a monthly payroll deduction.

The following information is needed for payroll deduction. Please print clearly.

First Name _____ Last Name _____ A# _____ UMC _____

Home Address _____ City _____ State _____ Zip _____ USU Phone # _____

- I am a new contributor and would like to contribute \$_____ per month.
- I would like to increase my current monthly contribution to \$_____ per month.
- I would like to make a one-time contribution of \$_____.
- Yes, I would be interested in serving on the Scholarship Review and Selection Sub-Committee.

Signature _____ Date _____

Please return to: *Shannon Johnson, PEA Scholarship Endowment Committee, UMC 2800.*