

**Muhlenberg College
Request for Payroll Deduction**

Name _____

Address _____

Telephone _____

Department _____

I request the following amount be deducted from my paycheck:

Monthly Amount _____

Month/Year Beginning _____

Month/Year Ending _____

This gift is designated to:

_____ *The Muhlenberg Fund (Unrestricted)*

_____ *Restricted Purpose (please specify below):*

Signature _____

Date _____

Please return to Kim Anderson in the Development and Alumni Relations Office.