



ATHLETICS FOUNDATION

PAYROLL DEDUCTION FORM

Name: _____ Employee ID: _____

I wish to support the University of Mississippi with a pledge to Ole Miss Athletics.

I authorize deductions of \$ _____ **PER PAY PERIOD** beginning on _____

for a total of \$ _____. This gift is designated for _____.

Signature _____ Date _____

Ole Miss Athletics Foundation ID: _____

1. Please fill out and sign this form
2. Mail a copy to:
Ole Miss Athletics Foundation
P.O. Box 1519
Oxford, MS 38655
3. Or fax to 662-915-7160

For questions and inquiries, please call the Ole Miss Athletics Foundation at 662-915-7159.