

# MILLSAPS COLLEGE

## Faculty and Staff Payroll Deduction Form

Circle one: Faculty/Staff

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Box Number: \_\_\_\_\_

Designation:

\_\_\_\_\_ Millsaps Annual Fund

\_\_\_\_\_ Other \_\_\_\_\_

Choose One:

\_\_\_\_\_ Payroll deduction of \$ \_\_\_\_\_ a month until further notice

\_\_\_\_\_ Payroll deduction of \$ \_\_\_\_\_ a month, from \_\_\_\_\_ until \_\_\_\_\_  
month/year month/year

Signature: \_\_\_\_\_

**Make a one-time contribution at [www.Mbench.org/AGCCC](http://www.Mbench.org/AGCCC)**

Questions? Please contact the Director of Annual Giving at (601) 974.1044.

Please send the completed form to the Office of Annual Giving, Box 151191,  
or contact Paz Naccari at [naccapc@millsaps.edu](mailto:naccapc@millsaps.edu) to have your form  
picked up at your office.

Thank you for your support!