



MONTHLY DEDUCTION LETTER OF COMMITMENT

Monthly Payments will be made by:

Payroll Deduction _____ monthly

Check Credit Card Bank Draft (must provide a VOIDED check along with form)

(NOTE: Bank drafts will be processed/withdrawn the first day of each month.)

NOTE: Selection of the "Payroll Deduction" option indicates that you authorize the Payroll Department of the Business Affairs Offices to make monthly payroll deductions from your payroll check. This deduction represents a gift to The Northeastern State University Foundation, Inc.

Choice of credit cards:

Please Circle One Visa
MasterCard
AMEX
Discover

Card #: _____

Expiration Date: _____ Authorization Code: _____

Signature: _____ Date: _____

Personal Information:

Name (please print): _____ Banner ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Email: _____

Please direct my Employee Giving Donation to: _____

Additional Comments:

Signature: _____ Date: _____

Email form to: glennsum@nsuok.edu
Or send through campus mail to Peggy Glenn Office of Development
If you have questions, please call ext. 4200

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