

**Faculty and Staff Payroll Deduction Form  
Millsaps College**

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 \_\_\_\_\_ (month, year) until \_\_\_\_\_ (month, year)

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

**Please send completed form to the Office of Annual Giving, Box 151191.  
Thank you!**