



**SOUTHEAST MISSOURI STATE UNIVERSITY
PAYROLL DEDUCTION
ATHLETIC BOOSTER MEMBERSHIP**

Name _____ Banner ID _____

Date _____ Department _____

Check One: Monthly Payroll _____ Bi-Weekly Payroll _____

I hereby authorize the Southeast Missouri State University Foundation to deduct from my payroll check my Athletic Booster Membership as follow:

Donation	\$ _____
Football Tickets	\$ _____
Basketball Tickets	\$ _____
TOTAL PLEDGE	\$ _____

NOTE: Total pledge will be divided equally over pay periods from September 1 to May 31. A signed deduction form must be submitted **EACH YEAR** to continue membership.

Signature _____ Date _____

Return to Southeast Missouri University Foundation, MS 7300