



OCAD University Payroll Deduction Form

Date:

Name and Current OCAD U Title:

Preferred Address:

Gift Information:

Total Gift/Pledge Amount: _____

Schedule: One-Time Monthly Bi-Weekly

Amount per Deduction: _____

Designation: _____

Start Date: _____ End Date: _____

Name for Donor Recognition (if different than above):

Signature: _____

For Development Use Only: GL Account # _____

Please complete, sign and forward to Karen Henry: khenry@ocadu.ca, Ext. 487 in Development

Thank you for your generosity and support.
Your donation will be recorded on your T-4 Slip.