

Logan University – Payroll Deduction Form

Name: Wo		Work Phone:	ork Phone:	
Address:				
City:		State:	Zip:	
E-mail:				
Education Transf	orming Lives Cam		ogan University Advancing luction pledging the following	
8 PE				
\$PE	MONTHFOR	YEARS		
FOR A TOTAL O	MONTHS	_		

Please complete and return to the Office of Development or email us a copy at <u>development@logan.edu</u>.