

Temple University, Japan Campus Payroll Contribution

Name:	Employee Number
Department:	
Amount donated per month via Payroll Co	ontribution:
□ ¥ 1,000 □ ¥2,000 □ ¥5,000 □ Other Amount: ¥	□ ¥10,000 □ ¥20,000
Duration Term of Support:	
□ 1 Year (Starting from initial/next salary) □ Fixed Period from (mm/dd/yy)//_ □ No Fixed Term (Starting from initial/next s	
Please apply my gift to:	
☐ Dean's Strategic Initiative Fund (TUJ'	s greatest need)
☐ Scholarships (Tuition support for Under	rgraduate and Graduate Students)
☐ The Building Fund	
□ ICAS	
☐ Undergraduate Program	
☐ Graduate Program	
☐ Others (specify any area for your donati	ion):
I authorize Temple University Japan Campus	s to deduct the amount specified from my salary:
Signature	// Date
☐ I do not wish to be recognized for this donor recognition and other publication	
Please return this form to Geo Otsu at Dean's questions.	s Office (geo.otsu@tuj.temple.edu) for further

THANK YOU!