



THANK YOU FOR MAKING LSU A PHILANTHROPIC PRIORITY. WE APPRECIATE YOUR COMMITMENT TO LSU EVERY DAY AND ARE HONORED TO PARTNER WITH YOU TO STRENGTHEN YOUR IMPACT.

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

YES! I would like to make a payroll deduction gift.

1. CHOOSE YOUR GIFT

One-time gift of:

- \$25
- \$50
- \$75
- \$125
- \$250
- Other \$ _____

2. CHOOSE YOUR AREA(S) TO SUPPORT

- LSU Fund (FLG31)
- LSU Scholarship Fund (LOT51)
- LSU Faculty & Staff Career Excellence & Enrichment Award (FSC51)
- Other: _____

We will apply your gift equally among the funds you choose.

3. CHOOSE YOUR GIFT STATUS

- A new payroll deduction
- A change to an existing payroll deduction

Gift amount will be deducted from your next paycheck upon processing. The cutoff date for payroll deduction enrollment is the 25th day of each month. If you sign up after this date, your payroll deduction will begin the following month.

Recurring gift of:

\$ _____/pay period

EMPLOYEE INFORMATION

Dr. / Mr. / Mrs. / Ms. First Name: _____ Last Name: _____

Spouse First Name: _____ Spouse Last Name: _____

(If giving jointly) Preferred Joint Name for Mail: _____

Employee Preferred Mailing Address: _____

(City, State)

(ZIP Code)

(Email)

This payroll deduction will remain in effect until I cancel it in writing with the LSU Foundation. If my employment with LSU ends, all deductions made under this authorization will be canceled.

Signed: _____ LSU ID#: _____ Date: _____

Please return this form to donorservices@lsufoundation.org or by mailing it to the LSU Foundation, Attn: Bio & Gift Records, 3796 Nicholson Drive, Baton Rouge, LA 70802. You can also enroll online at <http://lsufoundation.org/payroll>.

FOR INTERNAL USE ONLY

APPROVED Date: _____ Initials: _____

