LSU Health Sciences Center Employee Payroll Deduction Form

Information about yourself

Name _____ Department _____

Home Address _____

Campus Address _____

Phone (w) _____ (h) _____ Email address _____

I have enclosed a gift of:

☐ $5,000	☐ $2,500	☐ $1,000
☐ $500	☐ $250	☐ $100
☐ $50	☐ $25	☐ Other $_____

Method of Payment

☐ My spouse's company has a matching gift program. The matching gift form is enclosed.

☐ I have enclosed a check made payable to **LSUHSC Foundation**

☐ I would like to use my credit card ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card Number: _____ Expiration Date: _____
Name on Card: _____ Signature: _____

☐ **I would like to sign up for payroll deduction**
I hereby authorize the Louisiana State University Health Sciences Center to deduct the amount of $ _____ from my monthly payroll check to be donated to the charitable and educational purposes of Louisiana State University Health Sciences Center Foundation. This authority is to remain in effect for one year or until the LSUHSC has received written authorization to terminate.
Name _____ Date _____ Social Security #_____

X Sign Here _____

Giving Opportunities:

There are many options for giving to the LSU Health Sciences Center. Please make your designation below:

- ☐ School of Allied Health Professions
- ☐ School of Dentistry
- ☐ School of Graduate Studies
- ☐ School of Medicine
- ☐ School of Nursing
- ☐ School of Public Health
- ☐ Other_____

Please return this form:

By Mail: The Foundation for LSUHSC
Attn: Amy Digiovanni
2000 Tulane Avenue, 4th Floor
New Orleans, Louisiana 70112
504.568.3712 phone - 504.568.3460 fax