LSU FOUNDATION PAYROLL DEDUCTION FORM

Dear Contributor:

If you wish to make a single annual contribution to the LSU Foundation through a payroll deduction, please check "Single Annual Contribution" and complete the first section. If you prefer to make your contribution as a continuing payroll deduction, please check "Continuing Payroll Deduction" and complete the second section. For information about the eligibility of your contribution for corporate match, please contact the Gift Processing Supervisor at the LSU Foundation, at 578-3811.

I, _____, hereby authorize my employer, until further notice
(Print Employee Name)
from me in writing, to deduct the following amounts from my paycheck.

_____ _____ _____
(Employee Signature) (LSU ID#) (Date)

Employee Address:

_____
(Street Address) (City, State) (Zip Code)

****

☐ **Single Annual Contribution**

Changing from $_____per year to $_____ per year

Account Name or Project ID/ Account #	**Amount**	**Effective Date**
Staff Senate Fee Support Scholarship - Project # 102963		

Total $_____ This amount will be deducted from the next pay check processed.

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☐ **Continuing Payroll Deduction**

Changing from $_____per pay period to $_____ per pay period

Account Name or Project ID/ Account #	**Amount**	**Effective Date**
Staff Senate Fee Support Scholarship - Project # 102963		

Total $_____ This amount will be deducted from each pay check processed, beginning with the next paycheck.

For Foundation Use Only:
APPROVED
Date_____
Initials_____

Return this form to: LSU Foundation 3838 West Lakeshore Drive Baton Rouge, LA 70808 Attn: Monica Derozan