



## LSU Health Sciences Center Employee Payroll Deduction Form

### Information about yourself

Name \_\_\_\_\_ School \_\_\_\_\_ Department \_\_\_\_\_

Home Address \_\_\_\_\_

Campus Address \_\_\_\_\_

Phone: Office (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_

LSUHSC email \_\_\_\_\_ Alternate email \_\_\_\_\_

I would like my gifts to be reported to TAF. My TAF ID number is \_\_\_\_\_  Request a TAF ID

*Please indicate below how you would prefer to be listed in recognition materials:*

### I would like to sign up for LSUHSC Employee Payroll Deduction.

Each month, I hereby authorize the Louisiana State University Health Sciences Center to deduct the amount of:  
 \$1,000  \$500  \$250  \$100  \$50  \$25  \$12  Other \$\_\_\_\_\_ 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 ways to support the LSU Health Sciences Center. Please indicate your designation below:*

- |  |  |
|--|--|
| <input type="checkbox"/> School of Allied Health Professions | <input type="checkbox"/> Other*: _____ |
| <input type="checkbox"/> School of Dentistry                 | _____                                  |
| <input type="checkbox"/> School of Graduate Studies          | _____                                  |
| <input type="checkbox"/> School of Medicine                  |  |
| <input type="checkbox"/> School of Nursing                   |  |
| <input type="checkbox"/> School of Public Health             |  |

*\* Please write the LSU Health Foundation account number or name of the LSUHSC program/project you wish to support.*

### Please return this form:

By Mail:	LSU Health Foundation Attn: Amy Digiovanni 2000 Tulane Avenue, 4 <sup>th</sup> Floor New Orleans, Louisiana 70112 (504) 568-3712	By Fax:	(504) 568-3460 LSU Health Foundation Attn: Amy Digiovanni
		By Email:	adigio1@lsuhsc.edu