



LSU Health Sciences Center Employee Payroll Deduction Form

Name _____ School _____ Department _____

Home Address _____

Campus Address _____

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 \$10 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 will remain in effect until LSUHSC payroll department (lsunopayroll@lsuhsc.edu) has received written authorization to terminate.

Giving Opportunities

Step 1: Choose a School

- School of Allied Health Professions
- School of Dentistry
- School of Graduate Studies
- School of Medicine
- School of Nursing
- School of Public Health
- Other: _____

Step 2: Designate a Specific Account*

To support a specific project or program, indicate the LSU Health Foundation account number or description of the fund below

**if step 2 is left blank, deductions will be directed to the discretionary fund for the school listed in step 1*

X Sign Here _____

Date _____

Please return this form:

Mail: LSU Health Foundation
Attn: Jenna Cronin
LSU Health Foundation
2000 Tulane Avenue, 4th Floor
New Orleans, Louisiana 70112

Email: jcronin@lsuhealthfoundation.org
Fax: (504) 568-3460

Questions? Call (504) 568-2421