



## 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](mailto:lsunopayroll@lsuhsc.edu)) has received written authorization to terminate using [this form](#).

### 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, 4<sup>th</sup> Floor  
New Orleans, Louisiana 70112

**Email:** [jcronin@lsuhealthfoundation.org](mailto:jcronin@lsuhealthfoundation.org)  
**Fax:** (504) 568-3460

**Questions? Call (504) 568-2421**