



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 from me in writing, to deduct the following amounts from my paycheck.

(Print Employee Name)

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

Single Annual Contribution

Changing from \$_____ per year to \$_____ per year

<u>Beneficiary Account</u>	<u>Amount</u>	<u>Effective Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Continuing Payroll Deduction

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

<u>Beneficiary Account</u>	<u>Amount</u>	<u>Effective Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Please return this form to: LSU Foundation
Lod Cook Alumni Center
3838 West Lakeshore Drive

For Foundation Use Only: APPROVED Date _____ Initials _____
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