

LSU Health Sciences Center Employee Payroll Deduction Form

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 \$10 Other \$ _____ from my monthly payroll check to be donated to the charitable and educational purposes of Louisiana State University Health Foundation New Orleans. This authority will remain in effect until LSUHSC payroll department (noacctpayroll@lsuhsc.edu) has received written authorization to terminate using [this form](#).

Giving Opportunities

<p>Step 1: Choose a School</p> <ul style="list-style-type: none"> <input type="checkbox"/> School of Allied Health Professions <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 <input type="checkbox"/> Other: _____ 	<p>Step 2: Designate a Specific Account*</p> <p><i>To support a specific project or program, indicate the LSU Health Foundation account number or description of the fund below</i></p> <p><input type="checkbox"/> _____</p> <p><small>*if step 2 is left blank, deductions will be directed to the discretionary fund for the school listed in step 1</small></p>
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X Sign Here _____ Date _____

Please return this form:

Mail: LSU Health Foundation Attn: Jenna Cronin 2000 Tulane Avenue, 4 th Floor New Orleans, Louisiana 70112	Email: jcronin@lsuhealthfoundation.org Fax: (504) 568-3460 Questions? Call (504) 568-2421
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