

SOUTHERN FOUNDATION

PAYROLL DEDUCTION/CONTRIBUTION FORM

DATE _____

Please place an "X" by your selection.

Please Check One	
<input type="checkbox"/>	Contribution
<input type="checkbox"/>	Annual Pledge

Salary Plan	
<input type="checkbox"/>	12 months
<input type="checkbox"/>	10 Months
<input type="checkbox"/>	9 Months
<input type="checkbox"/>	Other

University Affiliation			
<input type="checkbox"/>	Faculty	<input type="checkbox"/>	Student
<input type="checkbox"/>	Retiree	<input type="checkbox"/>	Other
<input type="checkbox"/>	Staff	<input type="checkbox"/>	Administrator

Graduate of SU?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Graduation Year: _____	
Degree(s): _____	

<input type="checkbox"/>	I have included SU in my will or estate plans
<input type="checkbox"/>	Please send me information on how to include SU in my will or estate plans.

Name: _____ S Number: _____

Home Address: _____ City, State, Zip: _____

Division/Department: _____ Email Address: _____

PAYROLL DEDUCTION/CONTRIBUTION AMOUNT (Please place an "X" by your selection)

\$5,000 \$2,000 \$1,000 \$500 \$400 \$300 \$200
 \$100 \$50 \$ _____

PLEASE DESIGNATE MY PLEDGE/CONTRIBUTION TO ONE OF THE FOLLOWING FACULTY AND STAFF SCHOLARSHIP ENDOWMENT ACCOUNTS (Please place an "X" by your selection).

Southern University Foundation Distribution Southern University Alumni Affairs
 Southern University System Southern University Laboratory School
 Southern University Law Center Southern University Agricultural Research
 Southern University Baton Rouge Campus and Extension Center
 Southern University Athletics Other: _____

I hereby authorize a payroll deduction from my salary warrant as follows:

Single deduction for a total pledge \$ _____
 Multiple deductions(s) of \$ _____ over _____ bi-weekly, monthly or quarterly pay periods.

The deduction(s) is (are) to begin on (month/year) _____/_____

Signature: _____ Print Name: _____

I wish to make a pledge/contribution of \$ _____ by the following method (please check appropriately)

Cash Check Credit Card Card Type Visa MasterCard Discover AMEX

Card Number: _____ Exp. Date: _____ Card Security Code (CSC)* _____

*For added security, we require the 3-digit code from back of your card (AMEX cards, the 4-digit code from front).

Signature: _____ Date: _____