

I would like to support the LSUHSC School of Public Health!

Donor Information

Name _____ EmplID# _____ Department _____

Home Address _____

Campus Address _____

Phone (w) _____ Email address _____

I have enclosed a gift of: \$5,000 \$2,500 \$1,000
 \$500 \$250 \$100
 \$50 \$25 Other \$ _____

Method of Payment

My spouse's company has a matching gift program. The matching gift form is enclosed.

I have enclosed a check made payable to **LSUHSC Foundation**

I would like to use my credit card VISA MasterCard American Express Discover

Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

I would like to sign up for payroll deduction

I hereby authorize the Louisiana State University Health Sciences Center to deduct the amount of:

- \$ _____ from my monthly payroll check (\$ _____ per year), **OR**
- \$ _____ from my biweekly payroll check (\$ _____ per year)

to be donated to the charitable and educational purposes of Louisiana State University Health Sciences Center Foundation. This authority is to remain in effect for one year or until the LSUHSC has received written authorization to terminate.

Name _____ Date _____ Social Security # _____

X Sign Here _____

Giving Opportunities:

There are many options for giving to the LSUHSC School of Public Health. Please make your designation below:

- School of Public Health - Dean's Discretionary Fund (635000)
- School of Public Health - Technology Fund (635027)
- School of Public Health - Student Assistance Fund (635028)
- School of Public health – Student Recruiting Fund (635029)
- School of Public Health - Program Name: _____

Please return this form:

By Mail: The Foundation for LSUHSC

By Fax: (504) 568-3460

Attn: Amy Digiovanni

450A South Claiborne Avenue

New Orleans, Louisiana 70112

the Foundation

LSU Health Sciences Center

Telephone (504) 568-3712

Thanks you for your support!