



WE CARE EMPLOYEE GIVING CAMPAIGN

Employee Payroll Deduction Form

EMPLOYEE INFORMATION:

Last Name _____ First Name _____ Middle Initial _____

Salutation _____ Nickname _____

Employee ID# _____ Department: _____

Division _____ Campus Bldg/Room # _____

DU Email _____ Campus Phone _____

Home address _____ City _____ State _____

I authorize Dillard University to deduct my contribution through Payroll Deduction.

Signature _____ Date _____

GIFT DESIGNATION

Fair Dillard/Annual Fund \$ _____

"Sponsor A Student" Immediate-Use Scholarship Fund \$ _____

UNCF Annual Fund \$ _____

Will W. Alexander Library \$ _____

Dillard Emergency Fund \$ _____

Student Assistance for Financial Emergency (SAFE) Fund \$ _____

Designated Fund Name: _____ \$ _____

One – Time Gift: Total amount of \$ _____ on _____ (Payroll Date)

Recurring Gift: Recurring payroll deduction of \$ _____ per pay starting on _____ (Payroll Date)

And ending on _____ Total recurring gift amount by end date is \$ _____ (Payroll Date)

Payroll deductions can be electronically by going to give.dillard.edu/employee-giving-campaign

Return signed form to Sylvia J. Brown, Rosenwald Hall, Room 212 or email sjbrown@dillard.edu

*Faculty and staff can cancel payroll deductions upon request.
Send cancellation requests to Sylvia J. Brown @sjbrown@dillard.edu.

A gift receipt will be emailed at the end of the calendar year, unless requested.