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 $_____
UNCF Annual Fund $_____
Employee Relief Fund $_____
Specific Designation $_____

Student Scholarship Fund $_____
Will W. Alexander Library $_____
Student Assistance for Financial Emergency (SAFE) Fund $_____
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)

Return signed form to Sylvia J. Brown, Rosenwald Hall, Room 230 or email development@dillard.edu

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

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

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