

Faculty/Staff Payroll Deduction Request for Tax-Deductible Contribution to Loyola University Chicago/Loyola University Medical Center

1. BIOGRAPHICAL INFORMATION-Please PRINT clearly!

Name (with applicable prefix/suffix) : _____

SSN: _____ Status: *Faculty* *Staff* Affiliation: *LUC* *LUMC*

LUC Alumnus/a status: _____ College/School: _____

Degree (s) Earned: _____ Year(s): _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ E-mail: _____ Preferred Address

(you may attach a Loyola business card for the following section)

Title: _____

Dept: _____

Office Address: _____ Campus: _____

Phone: _____ E-Mail: _____ Preferred Address

Please keep my name anonymous (report on amounts only)

Please do not disclose the amount of my gift (show name only)

Please keep my name and amount anonymous (don't show donor or gift info at all).

2. PAYROLL DEDUCTION AUTHORIZATION

| | |
|---|--|
| | Example |
| Deduction START date (mm/dd/yy): _____ | Amount to be deducted per pay period \$ _____ \$5.00 |
| Deduction will END upon completion. _____ | Number of Pay Periods _____ 26 (1Yr) |
| OR | TOTAL ANNUAL DEDUCTION \$ _____ \$130.00 |

CONTINUOUS

(continuous deduction until donor notification)

Pay schedule: *monthly* *bi-weekly*

Designation of Gift (LUC/LUMC Program or Fund Name): _____

Your name(s) as you would like it to appear on any recognition: _____

Employee signature: _____ Date: _____

DEVELOPMENT USE ONLY

ID: _____ Allocation: _____ Appeal Code: _____

Amt: \$ _____ Campaign: _____ Type: _____ Tender: _____ Other: _____

Date of first Deduction (mm/dd/yy): _____

HUMAN RESOURCES Reference Only: allocate to account #: _____

Please return completed form to: Emily Hoey
Annual Giving Officer

Office of Development (WTC, 25EP-1219)
ehoey@luc.edu