

HELP US HELP EACH OTHER

LEEF RELIEF

Support LEEF through payroll deduction:

Name: _____

Signature: _____

Payroll Deduction Options*:

____ **Continuous**** I would like \$_____ taken out of each pay period.

Please indicate your pay schedule: ____ bi-weekly (staff)
____ monthly (faculty)

____ **Pledge** I pledge \$_____ payable over the next _____ pay periods.

Please indicate your pay schedule: ____ bi-weekly (staff)
____ monthly (faculty)

____ **1-time deduction** for the amount of \$_____.

____ I prefer my name/gift to remain anonymous.

**Please allow 1-2 pay periods for deductions to begin.*

***This will set your gift to be continuously deducted year-after-year without having to renew your pledge.*

Please return this form to:

LEEF
Attn: Abigail Koepfle
Office of Advancement
820 N Michigan, 16th Floor
(312) 915-7284

