

FACULTY/STAFF GIVING

Name

CWID

Department

Home Address

City

State

Email



I WISH TO GIVE BY:

PAYROLL DEDUCTION *(for current full-time employees only):*

I hereby authorize payroll deductions to the Louisiana Tech University Foundation from my bi-weekly payroll check in the amount of \$_____ per pay period.

Note: minimum \$1.00 per pay period. Deductions will continue until revoked in writing by donor or termination of employment.

Signature: _____ **Date:** _____

CHECK / CASH *Please deliver any cash gift to the Foundation at the address below.*

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I WISH TO GIVE TO:

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| <input type="checkbox"/> College of Business | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> College of Education | |

All gifts to the University Foundation are tax-deductible as allowed by the IRS. **Questions?** Contact us at giving@latechalumni.org or call 318.255.7950.

Please return this form:

Louisiana Tech University Foundation
P.O. Box 3183
Ruston, LA 71272

Drop off:

900 Tech Drive
Campus Mailbox 30

Scan/Email:

giving@latechalumni.org