

# —The— Tulane Fund

## Direct Deduction Form

*I would like to make a contribution to Tulane University through Payroll Deduction.*

### Personal Information:

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Gift Designation:

\$_____ Tulane University General Support	\$_____ School of Medicine
\$_____ General University Scholarship Fund	\$_____ Newcomb Memorial College Institute
\$_____ Newcomb-Tulane Undergraduate College	\$_____ School of Public Health and Tropical Medicine
\$_____ School of Architecture	\$_____ School of Science and Engineering
\$_____ A. B. Freeman School of Business	\$_____ School of Social Work
\$_____ School of Continuing Studies	\$_____ Tulane Athletics Fund
\$_____ School of Law	\$_____ Tulane Empowers
\$_____ School of Liberal Arts	

### Gift Deduction Schedule:

Please select one:     One-Time Gift                       Recurring Gift

#### If One-Time Gift:

Total amount of donation \$\_\_\_\_\_      Date you would like deduction to occur: \_\_\_\_\_

#### If Recurring Gift:

Are you paid monthly or bi-weekly?     monthly       bi-weekly

Amount you would like deducted each pay period \$\_\_\_\_\_ *(This amount will be deducted from each paycheck.)*

Would you like recurring deductions to continue until notified?     Yes                       No

If "No": Recurring deduction start date: \_\_\_\_\_ End date: \_\_\_\_\_

### Receipt Schedule:

I would like to receive receipts:     monthly       yearly      *(Please select one.)*

*(\*) Any direct deduction that incurs after the 20th day of each month will take effect on the following month pay period.*

**Please print this form and fax to the attention of Rachael Yopez at  
(504) 247-1382 or email it to [tugift@tulane.edu](mailto:tugift@tulane.edu)**