



LSU AGCENTER EMPLOYEE PAYROLL DEDUCTION FORM

Name _____
Last First MI

Home Address _____
(Street or P. O. Box) City State Zip
Home address must be the same as listed with the LSU System

LSU ID# _____ Department/Unit _____

I authorize Louisiana State University to deduct the following amount \$ _____ from each pay period effective with the payroll beginning _____. I understand that this deduction will continue until I have given written notification to the Louisiana 4-H Foundation to terminate it.

Please check one of the following funds you wish to contribute to:

Endowed Funds (only the interest from these accounts are spent each year):

- _____ General Endowed Fund (104212)
- _____ 4-H Educational Trip Endowment (104216)
- _____ 4-H University Endowment (104238)
- _____ Endowed Scholarship Fund
Name specific scholarship: _____
- _____ Other Endowed Fund*: _____

Non-Endowed Funds:

- _____ 4-H Educational Trip Support Fund (104260)
- _____ 4-H Building Fund (104250)
- _____ 4-H Camp Grant Walker Support Fund (104267)
- _____ 4-H Museum Fund (104266)
- _____ Other* (specify: _____)

* Please call 225-578-1172 or 859-779-9492 and we will be happy to discuss other giving opportunities with you. *All donations are tax deductible.*

Signature: _____

Date: _____

PLEASE RETURN TO: Patrick Tuck, Ph.D.
Louisiana 4-H Foundation
104G. J Norman Efferson Hall
110 LSU Union Square
Baton Rouge, LA 70803
Fax: 225-578-4225