



Foundation

ULM EMPLOYEE PAYROLL DEDUCTION

The ULM Foundation, Alumni Association and Athletic Foundation are non-profit organizations that support the University of Louisiana Monroe. The full amount of your gift may be considered a charitable contribution minus any benefits received. Return completed form to the ULM Foundation office, attention **Lynnetta Whitehurst**, (whitehurst@ulm.edu ext. 5438) or **Travis Corum**, (corum@ulm.edu ext. 3689). You may contact them to answer any questions and the form will be forwarded to the ULM Payroll Department.

Name _____ CWID _____ E-Mail _____

Department _____ Campus Location _____ Extension _____ Employee Type: 12 Month OR 9 Month

I DESIGNATE MY GIFT(S) TO:

TOTAL YEARLY
GIFT AMOUNT

University Priority Needs (Unrestricted)

\$ _____ . _____

President's Top Hawks Scholarships

\$ _____ . _____

ULM Food Pantry

\$ _____ . _____

Judy Smith Memorial Financial Aid Emergency Fund

\$ _____ . _____

ULM Athletic Foundation (ULMAF)

\$ _____ . _____

(Note: Athletic Memberships and Fall Sports must be paid by December 31st & Spring Sports must be paid by June 30th.)

\$ _____ . _____

Alumni Association

- \$50 individual & \$75 for couple membership (one-time deduction)

\$ _____ . _____

- \$500 per individual Lifetime membership (one-time deduction or 12 monthly pymts.)

\$ _____ . _____

- Alumni Support

\$ _____ . _____

Other Donation: Indicate "Your Passion" on the line below:

\$ _____ . _____

(Yearly Total) \$ _____ . _____

I authorize this yearly total to be deducted ☐ Monthly Increments* for _____ year(s) ☐ One-Time ☐ On-Going

Note: Bi-weekly payment amounts and duration of payment schedule are based upon pledge start and completion dates. *If the employee is a 9 Month employee, payments are not deducted for June, July, & August but resume in September if applicable. Donors can ALSO visit www.ulm.edu/give and choose the entity(ties) of your choice.

Employee Signature: _____ Date: _____

OFFICE USE ONLY

Gift Fund	Pledge Amount	Start Date	Complete Date	# of Deductions	Deduct Amount	Deduction Code

Pledges entered by: _____ Date: _____ Date Sent to HR: _____