



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). You may contact her to answer any questions and she will forward the form 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

\$ _____ . _____

Research Excellence

\$ _____ . _____

Student Athlete Scholarships

\$ _____ . _____

Warhawk Athletic Foundation Priorities (Unrestricted)

\$ _____ . _____

Warhawk Athletic Foundation Membership

\$ _____ . _____

(All totals for Current Year Membership must be paid by May 31 for 9-month employees, and June 30 for 12-month employees.)

Alumni Association

- \$50 individual & \$75 for couple membership (one-time deduction)
- \$500 per individual Lifetime membership
- Alumni Priorities (Unrestricted)

\$ _____ . _____

\$ _____ . _____

\$ _____ . _____

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

\$ _____ . _____

Total Amount of Gifts for the Year

\$ _____ . _____

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 visit www.ulm.edu/foundation and click the link to **Make a Gift Today!** to any of the entities listed above and many more!

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: _____