



EMPLOYEE GIVING – PAYROLL DEDUCTION

Name: _____

Employee ID: _____ Birthday MM/DD: ____/____

Division: _____ Department: _____ Position: _____

Office Extension: _____ Work Email: _____@lsc.edu

Home/Cell Phone: _____ Personal Email: _____

Home Address: _____

I want my gift to support:

- LSC Foundation (Greatest Need Fund)
- Other: _____
- Multiple funds. Please split my gift between/among these funds: _____

My contribution:

- Is a **new contribution** of \$_____ per pay period
- OR**
- Is a **change to my existing contribution**; please change to \$_____ per pay period

Additional Information:

- I am interested in finding out more about establishing a scholarship in a specific area.
- I have other questions: _____

I understand my payroll deduction will continue until I choose to end my contribution or I am no longer employed with the State of Minnesota.

Signature: _____ Date: _____

Please return to the LSC Foundation on the 2nd Floor S building in the Admin Suite.

For Office Use:

Date form Received:

Date transferred to Payroll:

Date of first gift recorded: