—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:

$_____ Area of Greatest University Need
$_____ Tulane Fund for Undergraduate Education
$_____ General University Scholarship Fund
$_____ Newcomb-Tulane Undergraduate College
$_____ School of Architecture
$_____ A. B. Freeman School of Business
$_____ School of Law
$_____ School of Liberal Arts
$_____ School of Medicine
$_____ Newcomb College Institute
$_____ School of Professional Advancement
$_____ School of Public Health and Tropical Medicine
$_____ School of Science and Engineering
$_____ School of Social Work
$_____ Green Wave Club

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 Yepez at
(504) 247-1382 or email it to tugift@tulane.edu

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