



**Employee Payroll  
Deduction Form**

*I would like to make a contribution to Dillard University through Payroll Deduction.*

**Personal Information:**

Name: \_\_\_\_\_

Employee #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Division: \_\_\_\_\_

Department: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Email: \_\_\_\_\_

**Gift Designation:**

\$ \_\_\_\_\_ Fair Dillard Fund (unrestricted)

\$ \_\_\_\_\_ Dr. Walter M. Kimbrough SAFE Fund (Student Aid for Financial Emergencies)

\$ \_\_\_\_\_ General Scholarship Fund

\$ \_\_\_\_\_ UNCF

\$ \_\_\_\_\_ Other \_\_\_\_\_

**One-Time Gift:**

Total amount of donation \$ \_\_\_\_\_ Date you would like deduction to occur: \_\_\_\_\_

**OR**

**Recurring Gift:**

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: \_\_\_\_\_

Total Amount to be deducted by end date is: \$ \_\_\_\_\_

A gift receipt will be sent at the completion of this donation. All gifts are tax deductible.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Return to Kimberly Woodard in Rosenwald Hall, 2nd Floor, Rm. 212B**  
or email signed form to [kwoodard@dillard.edu](mailto:kwoodard@dillard.edu)