



TSU EMPLOYEE PAYROLL DEDUCTION DONATION FORM

Employee Name _____ BannerID# T _____
Department _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Email Address _____

DESIGNATION OF CONTRIBUTION

____ Use my gift for the greatest needs of the University (unrestricted)

____ Please restrict the use of my funds to the following: _____

I hereby authorize deducts of \$ _____ per pay period (monthly semi-monthly) from my TSU pay to the TSU Foundation.

Start deductions on _____ (Pay period date)

- Stop deductions when total pledge amount is fulfilled. TOTAL PLEDGE AMOUNT:\$ _____
 Continue deductions until advised in writing to stop. (*at least a 30 day notice required*)

- Minimum pay period deduction amount is \$5.00 semi-monthly or \$10 monthly.
- Forms must be received by the TSU Foundation at least 15 business days prior to the start of the deduction.

By signing below, I authorize Tennessee State University to make the above deductions to the TSU Foundation:

Signature _____ Date: _____

Please return the signed form to the TSU Foundation:

OFFICE: Goodwill Manor Room 100

MAIL: 3500 John A. Merritt Blvd.
Campus Box 9542
Nashville, TN 37209-1561

FAX: 615-963-7998

If you have any questions, please call (615) 963-5481.