



## LSU AGCENTER EMPLOYEE PAYROLL DEDUCTION FORM

Name \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_  
(Street or P. O. Box) City State Zip  
*Home address must be the same as listed with the LSU System*

LSU ID# \_\_\_\_\_ Department/Unit \_\_\_\_\_

I authorize Louisiana State University to deduct the following amount \$\_\_\_\_\_ from each pay period effective with the payroll beginning \_\_\_\_\_. I understand that this deduction will continue until I have given written notification to the Louisiana 4-H Foundation to terminate it.

**Please check one of the following funds you wish to contribute to:**

Endowed Funds (only the interest from these accounts are spent each year):

- \_\_\_\_\_ General Endowed Fund (104212)
- \_\_\_\_\_ 4-H Educational Trip Endowment (104216)
- \_\_\_\_\_ 4-H University Endowment (104238)
- \_\_\_\_\_ Endowed Scholarship Fund  
*Name specific scholarship: \_\_\_\_\_*
- \_\_\_\_\_ Other Endowed Fund\*: \_\_\_\_\_

Non-Endowed Funds:

- \_\_\_\_\_ 4-H Educational Trip Support Fund (104260)
- \_\_\_\_\_ 4-H Camp Building Fund (104250)
- \_\_\_\_\_ 4-H Camp Grant Walker Support Fund (104267)
- \_\_\_\_\_ 4-H Museum Fund (104266)
- \_\_\_\_\_ Other\* (specify: \_\_\_\_\_)

\* Please call our office at 225-578-2972 and we will be happy to discuss other giving opportunities with you.  
*All donations are tax deductible.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE RETURN TO: Eric Eskew  
Louisiana 4-H Foundation  
102 Efferson Hall  
Baton Rouge, LA 70803  
Fax: 225-578-4225