

# I would like to support the LSU Health Sciences Center!

## Information about yourself:

Name \_\_\_\_\_ Department \_\_\_\_\_  
*(Please print as you would like to be listed in recognition materials.)*

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

Campus Address \_\_\_\_\_

Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_ Email address \_\_\_\_\_

I have enclosed a gift of:       \$5,000                       \$2,500                       \$1,000  
    \$500                               \$250                               \$100  
    \$50                                       \$25                                       Other\$ \_\_\_\_\_

## Method of payment:

*My spouse's company has a matching gift program. The matching gift form is enclosed.*

I have enclosed a check made payable to **LSUHSC Foundation**

I would like to use my credit card                       Visa     MasterCard     American Express     Discover

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**I would like to sign up for payroll deduction**

\_\_\_\_\_ I hereby authorize the Louisiana State University Health Sciences Center to deduct the amount of \$ \_\_\_\_\_ from my monthly payroll check to be donated to the charitable and educational purposes of Louisiana State University Health Sciences Center Foundation. This authority is to remain in effect for one year or until the LSUHSC has received written authorization to terminate.

Name \_\_\_\_\_ Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Please sign here

## Giving Opportunities:

*There are many options for giving to the LSU Health Sciences Center. If you would like to direct your gift elsewhere, please indicate in the space provided below.*

<input type="checkbox"/> School of Allied Health Professions Annual Fund	<input type="checkbox"/> I choose to designate my gift to the _____ Foundation Fund Name  _____ Foundation Fund Number (if known)
<input type="checkbox"/> School of Dentistry Annual Fund	
<input type="checkbox"/> School of Graduate Studies Annual Fund	
<input type="checkbox"/> School of Medicine Annual Fund	
<input type="checkbox"/> School of Nursing Annual Fund	
<input type="checkbox"/> School of Public Health Annual Fund	

## Please return this form:

By Mail:      **The Foundation for the LSUHSC**  
                    **c/o Amy DiGiovanni**  
                    **450A South Claiborne Avenue**  
                    **New Orleans, LA 70112**

By Fax:              **(504) 568-3460**  
                            **Attn: Amy DiGiovanni**

*the Foundation*

*Thank you for your support!*

Louisiana State University Health Sciences Center  
Telephone (504) 568-3712 Fax (504) 568-3460