



# Dakota State University Foundation Payroll Deduction Form

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

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

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

Phone: \_\_\_\_\_ Preferred E-mail: \_\_\_\_\_

### Payroll Deduction

Please choose the correct option:

**Replaces** Existing       **In Addition to** Existing       Until further notice

One-time Deduction \$ \_\_\_\_\_

Recurring Deduction \$ \_\_\_\_\_ per month

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

I understand that this authorization shall remain in effect until I stop the deduction by contacting the DSU Foundation.

### Direct Gift (Cash/Check/Credit Card)

I wish to make my gift(s) via:

- \$ \_\_\_\_\_ Pledge
- \$ \_\_\_\_\_ Cash     \$ \_\_\_\_\_ Check (Make payable to DSU Foundation)
- \$ \_\_\_\_\_ Credit Card
  - Discover     MasterCard     Visa

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CID# \_\_\_\_\_

Signature \_\_\_\_\_

\$ \_\_\_\_\_ Electronic Funds Transfer (EFT)

Bank Information:

Checking     Savings     Business Checking

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Financial Account Number \_\_\_\_\_

**Please choose one of the following ways to make your gift/pledge or you can make it online at [www.foundation.dsu.edu](http://www.foundation.dsu.edu)**

Please designate my gift to the following fund(s):

- DSU's Unrestricted Fund/Greatest Need
- Champion Annual Scholarships
- Annual Scholarships
  - Athletic     Academic

- Endowed Scholarships
 

Name of Endowment \_\_\_\_\_
- Other
 

Fund: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Name \_\_\_\_\_

Please return your completed form to the **DSU Foundation**.

If you have any questions, please contact Jill Ruhd, Annual Fund Manager at (605)- 256-5650 or [Jill.Ruhd@dsu.edu](mailto:Jill.Ruhd@dsu.edu)

Received by: \_\_\_\_\_