

Employee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Preferred E-mail: _____

PAYROLL DEDUCTION

Please choose the correct option:

Replaces Existing Deduction Addition to Existing Deduction New Deduction

One-time Deduction \$ _____

Recurring Deduction \$ _____ per month

Start Date _____

End Date _____ Or Until Further Notice

If no start date is indicated, the first deduction will occur on the next payroll period. If no end date is indicated, the deduction will remain in effect until the DSU Foundation is notified.

**PLEASE DESIGNATE MY GIFT
TO THE FOLLOWING FUND(S):**

- DSU Annual Fund
- Beadle Leadership Society (\$1,000+)
- Champion Annual Scholarships
- Annual Scholarships
- Academic Athletic
- Endowments
- Name _____
- Trojan Athletic Club (Attach membership form)
- Other Fund _____

ONE-TIME DIRECT GIFT

(Cash/Check/Credit Card)

\$ _____ Cash

\$ _____ Check (Payable to DSU Foundation)

Credit Card Online at dsu.edu/give

*Your contribution can be split between
multiple funds. Use contact information
below for more information.*

Signature _____

Date _____ Department Name _____

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

If you have any questions, please contact

Carrie Slaathaug, Annual Fund Manager at (605) 256-5009 or Carrie.Slaathaug@dsu.edu

Received by: _____