



Yes, I want to participate in the 2016 Why I Give Campaign!

PLEASE DEDUCT: \$_____ PER PAYCHECK (\$5 minimum per paycheck)*

This is: a new pledge in addition to my existing payroll deduction

Start my payroll deduction on _____ and end my payroll deduction on _____
month/day/year month/day/year
 (end date must be prior to July 2021)

I am paid: bi-weekly monthly

Only Drexel University paid employees can participate with the payroll deduction options.

PLEASE DIRECT THE FOLLOWING AMOUNT OF EACH PAYCHECK TO (must equal total monthly amount):

You can split your gift and support multiple funds

- \$_____ Area of Greatest Need (310971 12155650)
- \$_____ General Scholarship (512066 12151700)
- \$_____ William Shriver Anatomy Award (310987 12155733)
- \$_____ Discovery Day (110001 0558)
- \$_____ Other:_____

 First Name Last Name Employee ID #

 Drexel Phone # Drexel Email

 Home Address City State ZIP

Payroll Deduction Authorization

I authorize Drexel University, Drexel University College of Medicine, or The Academy of Natural Science at Drexel University to make deductions from my pay check per my instructions above. I understand that this deduction will continue until my total pledge is completed or until I designate otherwise as noted above.

 Signature Date
 (live signature is required)

Please send completed forms to:
 rdd39@drexel.edu **OR**
 Drexel University College of Medicine
 Office of Institutional Advancement
 1505 Race Street, 12th Floor, MS 489
 Philadelphia, PA 19102

Questions? Call 215.762.2358

* If you would like to set up a recurring gift of less than \$5, please visit drexel.imodules.com/whyigive