



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: weekly bi-weekly monthly

I am an employee of:

The Academy of Natural Sciences Drexel University Drexel University College of Medicine

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

You can split your gift and support multiple funds

\$_____ University Priorities (unrestricted)

\$_____ President's Strategic Initiative Fund

\$_____ Alumni Impact Scholarship

\$_____ The Academy of Natural Sciences

\$_____ School/ College/ 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

(live signature is required)

Date

Please send completed forms to:

DrexelFund@drexel.edu **OR**

Drexel University Office of Institutional Advancement

Attn: Drexel Fund

3141 Chestnut Street, Suite 310

Philadelphia, PA 19104

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