



## Yes, I want to participate in the 2018 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 2022)

**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  
 (live signature is required)

\_\_\_\_\_  
 Date

**Please send completed forms to:**

lan43@drexel.edu **OR**  
 Drexel University College of Medicine  
 Office of Institutional Advancement  
 1505 Race Street, 12th Floor, MS 489  
 Philadelphia, PA 19102

Questions? Call 215-571-4262

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