



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:

Ian43@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 reoccurring gift of less than \$5, please visit drexel.imodules.com/whyigive