



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 _____
day/ month/ year day/ month/ year
(end date must be prior to July 2022)

I am paid: weekly bi-weekly monthly

I am an employee of: 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
\$_____ 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