



McNEESE FOR McNEESE

I would like to **GET INVOLVED** with the McNeese Foundation!

This is a: (check one)

Name: _____

New Payroll Deduction

Campus Address: _____

Change to Payroll Deduction

Home Address: _____

Stop Payroll Deduction

Employee ID Number: _____ Email: _____

I authorize McNeese State University to deduct \$ _____ per payroll period effective immediately.

Payroll deductions are continuous until instructed otherwise. *(Minimum of 3 months, note specific instructions below)*

**Foundation
Use Only**

Direct My Gift To:

Fund #1: _____ Amount: _____ FD1 FD2 FD3 FD4

Fund #2: _____ Amount: _____ FD1 FD2 FD3 FD4

Fund #3: _____ Amount: _____ FD1 FD2 FD3 FD4

Other Giving Opportunities

Online: www.mcneesefoundation.org/give

Check: Mail to McNeese Foundation, Box 91989, Lake Charles, LA 70609

Phone: 337-475-5588

In Person: Burton Business Center, Room 439