



Charles R. Drew University of Medicine and Science
Annual Mission Maker Campaign
Employee Payroll Deduction Authorization Form

Please complete the form, print, sign, and forward to Jasmine Hill in the Office of Strategic Advancement at jasminehill@cdrewu.edu or call (323) 563-4992. Thank you for your support.

Employee Name: _____

I hereby authorize Charles R. Drew University of Medicine and Science to deduct the amount stated below from paycheck for the period indicated, as a charitable contribution to the Charles R. Drew Annual Mission Maker Campaign. My contribution will be deducted per pay period and I will receive a gift receipt once at year end.

Total charitable gift per pay period ___\$10 ___\$25 ___\$50 ___\$100 ___Other

Signature

Date

Accepted by

Date

NOTE: Unless a Start and End Date for your deductions is included on the form, the deductions are indefinite until cancelled in writing with the Office of Strategic Advancement and HR Office.