

### Personal Information

<b>Name</b>	Last	First	Middle	Last 4 of SSN	AIS No.
<b>Home Address</b>	Street Address	City	State	Zip Code	
<b>Campus Address</b>	Department	School or College	Mail Code	Campus Phone	
<b>I am paid</b>	Monthly	Semi-Monthly	Bi-Weekly		

### Gift Amount


I hereby authorize Southern Illinois University, as an agent of the State of Illinois, to deduct from my earnings and deposit with the SIU Foundation each month, beginning \_\_\_\_\_, 20\_\_\_\_, the amount checked below.  
month and day year

The deduction(s) authorized on this card is/are:	In <u>addition</u> to current deductions	To <u>discontinue &amp; replace</u> all current deductions.	To <u>discontinue &amp; remove</u> all current deductions.
<b>Deduct:</b>	Century Club Membership (\$8.34 per month)	Dean's Club Membership (\$41.67 per month)	Chancellor's Council Membership (\$83.34 per month)
			Other (\$ per month)

### Gift Designation

Check one:  My gift is fulfilling a current pledge. (list account(s) below)  
 My gift is unrestricted.  
 My gift is designated for: (list account(s) below)

_____	ACCOUNT TITLE	_____	MONTHLY AMOUNT
_____	ACCOUNT TITLE	_____	MONTHLY AMOUNT
_____	ACCOUNT TITLE	_____	MONTHLY AMOUNT
_____	ACCOUNT TITLE	_____	MONTHLY AMOUNT

 I reserve the right to change or revoke this authorization by submitting a written revocation form to the Southern Illinois University Foundation.

\_\_\_\_\_  
Signature Date

*SIU Carbondale and the SIU Foundation retain a small percent of all gifts to enhance philanthropic-related initiatives. For our charitable disclosure information, please visit [www.siuof.org](http://www.siuof.org)*

If you have any questions, please contact the Gift Accounting Director at (618) 453-4900 or email [giftacctg@foundation.siu.edu](mailto:giftacctg@foundation.siu.edu).