



TEXAS A&M

HEALTH SCIENCE CENTER
FOUNDATION

**Texas A&M Health Science Center
Employee Charitable Contribution
Payroll Deduction
Authorization Form**

Name (Last, First MI)

UIN

Department

Work Telephone

Work Address (Include Mail Stop)

E-mail Address

Address for Donation Acknowledgment Receipt

Please check if you wish to remain anonymous

Designated Gifts

You have an opportunity to contribute to The Texas A&M University System Health Science Center Foundation benefiting the college/school program/fund of your choice. You may designate your gift for one, two, or three funds in any amount. Please indicate in the spaces provided below the five digit code, the monthly, and total annual amount donated to each fund, and the fund name. Fund names and codes are listed on the second page of this form. Minimum deduction \$2/fund/month.

Gift One	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	\$ _____	\$ _____
	<i>Fund Code</i>	<i>Fund Name</i>	<i>Monthly Amount</i>	<i>Total Amount</i>
Gift Two	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	\$ _____	\$ _____
	<i>Fund Code</i>	<i>Fund Name</i>	<i>Monthly Amount</i>	<i>Total Amount</i>
Gift Three	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	\$ _____	\$ _____
	<i>Fund Code</i>	<i>Fund Name</i>	<i>Monthly Amount</i>	<i>Total Amount</i>

AUTHORIZATION FOR PAYROLL DEDUCTION

I authorize the monthly deduction from my wages for the contribution indicated above to the Texas A&M University System Health Science Center Foundation. I am a 9-month 12-month employee.

I understand that this authorization will expire at the end of each calendar year (December 31). I also understand that I may change or revoke this authorization at any time providing written notice to The Texas A&M University System Health Science Center's Office of Payroll Services.

Employee Signature

Date

**Return form to:
Texas A&M Health Science Center Foundation
Clinical Bldg. 1
8441 State Hwy. 47, Ste. 3100
Bryan, TX 77807**

The Texas A&M University System Health Science Center does not provide goods or services in consideration for contributions by payroll deduction.

Privacy Notice: State Law requires that you be informed of the following: 1) you are entitled to be informed about the information collected from this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

**Texas A&M Health Science Center Foundation
Payroll Deduction Fund Codes & Names**

Code Name

BCD

00310 BCD Annual Fund/ Dean's Excellence Fund
00306 Indigent Patient Care
00307 Academic Scholarship
00300 Other

COM

72518 Annual Fund
33267 Scholarship Fund
02000 Memorial Gift and Other

CON

33782 Scholarship Fund
72019 Faculty Support Fund
72020 Int'l Service Learning Fund (International Servicing Learning)
01006 Annual Fund
01007 Dean's Fund

COP

03504 Annual Fund
03503 Scholarship Fund
03505 Dr. Martin Farias III Scholarship
72022 Dean's Excellence Fund
03502 Silver Star Gala

OIA

53001 President's Endowed Scholarship
00003 President's Circle
01005 Interdisciplinary Service Trips
00017 CA Unrestricted (President's Discretionary)

IBT

73090 Unrestricted Fund
07002 Scholarship Fund
07005 Faculty Support Fund

SRPH

08005 Excellence in Public Health Annual Fund
33776 Boff Endowed Scholarship Fund
08004 Golf Tourney Fund, Scholarship Fund, Fun Run Fund, Memorial Fund and Other