



**ESKENAZI HEALTH FOUNDATION
PAYROLL DEDUCTION AUTHORIZATION FORM**

I, _____, an employee of Indiana University, authorize Indiana University to deduct \$_____ **per pay check** for the benefit of Eskenazi Health Foundation in accordance with the IUPUI payroll schedule. Total amount pledged \$_____.

This donation is revocable at any time upon written notice to Maryanne Alyea, 340 West 10th Street, Fairbanks Hall Suite 5100, Indianapolis, IN 46202 or an email to finaff@iupui.edu.

Printed Name

University/Empl ID

Department Campus Address

Phone and Email

Home Address

City, State, Zip

Signature Date

Please indicate pay type: 12 Month _____
 10 Month _____
 Biweekly _____

Mail completed form to: Maryanne Alyea, 340 West 10th Street, Fairbanks Suite 5100, Indianapolis, IN 46202
Or email the signed form to finaff@iupui.edu

Thank You for supporting Eskenazi Health Foundation and its future!