

Please print.

L#: \_\_\_\_\_

Name: \_\_\_\_\_

College/Department: \_\_\_\_\_

**SECTION ONE** Please make ONE choice below:

- A. Use Payroll Deduction:**
  - Deduct \$ \_\_\_\_\_; I am paid on a basis of  bi-weekly  10 month  12 Month
  - Choose an option:**  each paycheck end in October 2024  each paycheck to continue year after year until I ask to change it.
- B. Pay by check: My total gift of \$ \_\_\_\_\_ is enclosed.** Check made payable to Lipscomb University
- C. Pay by credit card or Venmo:** Please visit **community.lipscomb.edu/itstartswithme** to make a gift using a credit card or Venmo. Scan QR code below to give online.



**PLEASE NOTE:** A minimum \$10 gift to any designation of your choice is needed to qualify for the Spring Break incentive.

**SECTION TWO** Designation

I want my gift to benefit the following area at Lipscomb University:

- The Lipscomb Fund \$ \_\_\_\_\_
- Lipscomb Opportunity Scholarship Fund \$ \_\_\_\_\_
- Other (*i.e. University Athletics, Lipscomb Academy, College, Institute, etc.*):
  - Please Specify: \_\_\_\_\_ \$ \_\_\_\_\_
  - Please Specify: \_\_\_\_\_ \$ \_\_\_\_\_
  - Please Specify: \_\_\_\_\_ \$ \_\_\_\_\_

**Please include your signature and printed name before returning the completed form to the Office of Advancement for processing. Thank you!**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_