

Name:

Office Phone:

Email:

CLID:

Title:

Office/Department:

I am also a UL Lafayette (check all that apply):

* Student

* Alumnus

* Parent

* Grandparent

* College or Department
(please specify):

* Alumni Association Loyalty Fund

* Ragin' Cajuns Athletic Foundation

* University Annual Fund

* Other Program/Unit
(please specify):

for a total pledge of \$ (if enrolling indefinitely, leave blank).

Signature:

Date:

Please make a copy for your records.

To end your payroll deduction gift, please send an email to payroll@louisiana.edu.

Once completed, please return this form to UL Lafayette Payroll Office P.O. Box 40400 Lafayette, LA 70504. f