School of Medicine
Payroll Deduction Form

PERSONAL INFORMATION

Name: _____
First Middle Last

I am: ☐ Faculty ☐ Staff Last 4 Digits of SSN: _____

Department: _____ Job Title: _____

Email: _____ Work Phone: _____

Home Address: _____

City/State/Zip: _____

Preferred Phone: _____ ☐ Business ☐ Home ☐ Cell

This is a joint gift. Please include my spouse: _____

WAYS TO MAKE A GIFT

I want my gift to support:

☐ SOM Scholarship Campaign ☐ SOM Annual Fund

☐ **Payroll Deduction** (*from your Marshall Health/University Physicians & Surgeons, Inc. paycheck)*

Amount of Pledge: $_____.

Duration of Pledge: ☐ Ongoing ☐ Two Years ☐ One Year ☐ Other _____

☐ This is a new payroll deduction gift.

☐ This is in addition to my current payroll deduction gift(s).

☐ This replaces my current payroll deduction gift(s).

☐ Leave my payroll deduction the same as last year.

Total Annual Contribution	Deduction Per Pay Period
$5,000.00	$192.31
$2,500.00	$96.15
$1,000.00	$38.46
$500.00	$19.23
$250.00	$9.62
$100.00	$3.85
$50.00	$1.92

☐ **Check**

Enclosed is my check payable to The Marshall University Foundation, Inc. for $ _____.

SIGN HERE Signature: (required) _____ Date: ____ / ____ / _____

THANK YOU for your gift! Please return completed form with your signature to:
Marshall Health | Attn: Megan Gorby, Payroll | 1001 10th Avenue | Huntington, WV 25701

WE ARE... MARSHALL

For questions or to change/discontinue deductions, please contact Megan Gorby, Payroll Manager, at phone 304-691-1648, fax 304-523-3248, or email wolfe49@marshall.edu.