

2019 Marshall Health Family Campaign Payroll Deduction

PERSONAL INFORMATION				
Name:	Middle	Last		
Tilst	mudie	Last		
Home Address		City	State	
I am : ☐ Faculty ☐ Staff ☐ Student MU ID#				
College/School: MU JCE School of Medicine/Marshall He	alth			
Job Title:	Email:			
Campus Address:				-
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:				
, ,			Total Annual	Deduction
□ SOM Scholarship Campaign (610564)			Contribution	Per Pay Period
☐ SOM Department Scholarship			\$5,000.00	\$192.31
□ Other:			\$2,500.00	\$96.15
			\$1,000.00	\$38.46
PAYROLL DEDUCTION (from your Marshall Health/University	YROLL DEDUCTION (from your Marshall Health/University Physicians & Surgeons, Inc. paycheck)		\$500.00	\$19.23
Amount of Pledge: \$			\$250.00	\$9.62
Duration of Pledge: ☐ Ongoing ☐ One Year ☐ Two yea	r □ Other		\$100.00	\$3.85
☐ This is a new payroll deduction gift.			\$50.00	\$1.92
, ,			\$25.00	\$0.96
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.				
Signature: (required)			Date:	//



THANK YOU for your gift! Please return completed form with your signature to:
Linda Holmes | Director of Development & Alumni Affairs | Marshall University Medical Center, Room 3409

For questions or to change/discontinue deductions, please contact Shonda Dingess, Payroll Clerk at T: (304) 691-1648 • F: (304) 523-3248, or email halsteads@marshall.edu.