



2019 SOM Family Campaign Payroll Deduction Form

PERSONAL INFORMATION

Name: _____
First Middle Last

Home Address _____ City _____ State _____

I am : Faculty Staff Student MU ID# _____

College/School: MU JCE School of Medicine _____

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 would like to give \$ _____ to the

School of Medicine Scholarship Campaign (610564)

_____ Department Scholarship

Other: _____

- PAYROLL DEDUCTION
- 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.
 - This pledge is annual until I request termination.
 - Please deduct \$ _____ per pay period.
- 12-Month Employee 9-Month Employee

| Total Annual Contribution | Deduction Per Pay Period | |
|---------------------------|--------------------------|---------------|
| | 12 Month | 9 Month |
| | 24 deductions | 18 deductions |
| \$5,000.00 | \$208.33 | \$277.78 |
| \$3,000.00 | \$125.00 | \$166.67 |
| \$2,500.00 | \$104.17 | \$138.89 |
| \$1,000.00 | \$41.67 | \$55.56 |
| \$500.00 | \$20.83 | \$27.78 |
| \$400.00 | \$16.67 | \$22.22 |
| \$300.00 | \$12.50 | \$16.67 |
| \$240.00 | \$10.00 | \$13.33 |
| \$180.00 | \$7.50 | \$10.00 |
| \$120.00 | \$5.00 | \$6.67 |
| \$60.00 | \$2.50 | \$3.33 |
| \$24.00 | \$1.00 | \$1.33 |

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

**THANK YOU for your gift! Please return completed form with your signature to:
 Linda Holmes, Director of Development and Alumni Affairs**

Marshall University Medical Center | Room 3409
 For questions, contact Linda Holmes at 304-691-1711 or holmes@marshall.edu.

