

## **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	Total Annual Contribution	Deduction Per Pay Period	
<ul> <li>School of Medicine Scholarship Campaign (610564)</li> <li>Department Scholarship</li> </ul>		<b>12 Month</b> 24 deductions	<b>9 Month</b> 18 deductions
Other:	\$5,000.00	\$208.33	\$277.78
	\$3,000.00	\$125.00	\$166.67
PAYROLL DEDUCTION	\$2,500.00	\$104.17	\$138.89
This is a new payroll deduction gift.	\$1,000.00	\$41.67	\$55.56
This is in addition to my current payroll deduction gift(s).	\$500.00	\$20.83	\$27.78
This replaces my current payroll deduction gift(s).	\$400.00	\$16.67	\$22.22
	\$300.00	\$12.50	\$16.67
Leave my payroll deduction the same as last year.	\$240.00	\$10.00	\$13.33
This pledge is annual until I request termination.	\$180.00	\$7.50	\$10.00
Please deduct \$ per pay period.	\$120.00	\$5.00	\$6.67
	\$60.00	\$2.50	\$3.33
12-Month Employee 9-Month Employee	\$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.



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