



SOM Scholarship Campaign Payroll Deduction Form

PERSONAL INFORMATION:

Name: _____
 First Middle Last
 I am a: Faculty Staff Student MU ID# _____
 Job Title: _____
 Department: _____ College/School: MU JCE School of Medicine
 Campus Address: _____
 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 would like to give \$ _____ to the JCESOM Scholarship Campaign Endowment (610564)

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.

Please deduct \$ _____ per pay period

- 12-Month Employee 9-Month Employee

Total Annual Contribution	Deduction Per Pay Period	
	12 Month 24 pays	9 month 18 pays
\$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

Check

I am enclosing a check payable to The Marshall University Foundation, Inc. for \$ _____.

Credit Card

- Visa MasterCard Discover American Express

Card # _____ Exp. Date ____ / ____ CCID _____

Charge a total of \$ _____ in increments of \$ _____. Once Monthly Quarterly



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

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