



# Marshall Health SOM Building 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/Marshall Health \_\_\_\_\_

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:

- ☐ SOM Building Campaign (500200)
- ☐ SOM Department Scholarship \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ PAYROLL DEDUCTION (from your Marshall Health/University Physicians & Surgeons, Inc. paycheck)

Amount of Pledge: \$ \_\_\_\_\_

Duration of Pledge: ☐ Ongoing ☐ One Year ☐ Two 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
\$25.00	\$0.96

Signature: (required) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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

For questions or to change/discontinue deductions, please contact Payroll Coordinator Shonda Stowers  
T: 304.691.1648 • F: 304.523.3248 • shonda.stowers@mhnetwork.org

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