



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.

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

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



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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