



## 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 \_\_\_\_\_

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 \_\_\_\_\_ to the

School of Medicine Building Campaign (500200)

\_\_\_\_\_ 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 24 deductions	9 Month 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, Associate Dean, Development and Alumni Affairs

Marshall University Medical Center | Room 3409  
For questions, contact Linda Holmes at 304.691.1711 or [holmes@marshall.edu](mailto:holmes@marshall.edu).

