



## 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

☐ 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.



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