



## 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 (26) |
|---------------------------|-------------------------------|
| \$5,000.00                | \$192.32                      |
| \$2,500.00                | \$96.16                       |
| \$1,000.00                | \$38.47                       |
| \$500.00                  | \$19.24                       |
| \$250.00                  | \$9.63                        |
| \$100.00                  | \$3.86                        |
| \$50.00                   | \$1.93                        |
| \$25.00                   | \$0.97                        |

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



**Thank you for investing in the next generation of physicians.**

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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