MARSHALL UNIVERSITY®
Joan C. Edwards School of Medicine

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	$208.34	$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	$20.84	$27.79
$400.00	$16.67	$22.23
$300.00	$12.50	$16.67
$240.00	$10.00	$13.34
$180.00	$7.50	$10.00
$120.00	$5.00	$6.67
$60.00	$2.50	$3.34
$25.00	$1.05	$1.39

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 and Alumni Affairs
Marshall University Medical Center | Room 3409
For questions, contact Linda Holmes at 304.691.1711 or holmes@marshall.edu.