



SOM Payroll Deduction Form

PERSONAL INFORMATION:

Name: _____

First

Middle

Last

I am a: Faculty Staff Student MU ID# _____

Job Title: _____

Department: _____ College/School: MU JCE School of Medicine

Campus Address: _____

Email: _____ Work Phone: _____

Home Address: _____

City/State/Zip: _____

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 _____.

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 pays	9 month 18 pays
\$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

Check

I am enclosing a check payable to The Marshall University Foundation, Inc. for \$_____.

Credit Card

- Visa MasterCard Discover American Express

Card # _____ Exp. Date ____ / ____ CCID _____

Charge a total of \$_____ in increments of \$_____. Once Monthly Quarterly



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

**THANK YOU For Your Gift! Please return completed form with your signature to:
Linda Holmes, Director of Development and Alumni Affairs**