



Employee Payroll Deduction Form

Please use this form to submit a payroll deduction request.

Employee Information

Name: _____ MU Identification Number: _____ Faculty Staff

Address: _____ City: _____ State: _____ Zip: _____

Work email: _____ Department: _____ Reporting Unit: _____

Pledge Amount and Schedule

My employment status is: 12 Month (24 pays) 9 Month (18 pays) Other(_____)

<u>Pledge</u>	<u>Amount Per Pay</u>		<u>Date Range</u>	<u>Total Gift</u>
	12 Month	9 Month		
Option 1	\$ 3.00	\$ 4.00	NOV 1 – OCT 31	\$ 72.00
Option 2	\$ 6.00	\$ 8.00	NOV 1 – OCT 31	\$ 144.00
Option 3	\$ 12.00	\$ 16.00	NOV 1 – OCT 31	\$ 288.00
Option 4	\$ 24.00	\$ 32.00	NOV 1 – OCT 31	\$ 576.00
Custom	\$ _____ x 12	\$ _____ x 9	NOV 1 – OCT 31	\$ _____

Pledge Type:

New donor Additional pledge (add to current deductions) Replace existing pledge

Additional Pledge Information

Please apply my gift to:

The University Fund (area of greatest need)

The fund of my choice (selected below):

Other (specify) _____

Employee Signature _____ Date _____

Please **PRINT, SIGN & RETURN** Completed Forms to: THE OFFICE OF DEVELOPMENT/ GRIFFIN TALBOTT

Please note that payroll deduction auto-renews on November 1 of each year. To change or discontinue deductions please contact the Office of Development at 304-696-6214 or email development@marshall.edu.