



PERSONAL INFORMATION

Name: _____

First Middle Last

I am: Faculty Staff Last 4 Digits of SSN: _____

Department: _____ Job Title: _____

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 want my gift to support:

- SOM Scholarship Campaign SOM Annual Fund

Payroll Deduction (from your Marshall Health/University Physicians & Surgeons, Inc. paycheck)

Amount of Pledge: \$ _____.

Duration of Pledge: Ongoing Two Years One 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.

Table with 2 columns: Total Annual Contribution, Deduction Per Pay Period. Rows include values from \$5,000.00 down to \$50.00.

Check

Enclosed is my check payable to The Marshall University Foundation, Inc. for \$ _____.



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

THANK YOU for your gift! Please return completed form with your signature to: Marshall Health | Attn: Shonda Halstead, Payroll | 1001 10th Avenue | Huntington, WV 25701



For questions or to change/discontinue deductions, please contact Shonda Halstead, Payroll Clerk, at phone 304-691-1648, fax 304-523-3248, or email halsteads@marshall.edu.