



Family Campaign Donation Form

PERSONAL INFORMATION

Name: _____
 First Middle Last

Home Address _____ City _____ State _____

I am : Faculty Staff Student MU ID# _____

Job Title: _____ Department: _____

College/School: _____ Employer: _____

MU Email: _____ Work Phone: _____

WAYS TO MAKE A GIFT

PAYROLL DEDUCTION

- Please deduct \$ _____ per pay period (**Select designation below**)
 - 12-Month Pay 9-Month Pay
 - This is a new payroll deduction gift to begin ____ / ____ / ____.
 - 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	
	12 Month 24 deductions	9 Month 18 deductions
\$15,000.00	\$625.00	\$833.34
\$5,000.00	\$208.33	\$277.78
\$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
\$100.00	\$4.17	\$5.56
\$60.00	\$2.50	\$3.33
\$24.00	\$1.00	\$1.37

- CASH for \$ _____ (**Select designation below**).
- CHECK - I have enclosed a check payable to The Marshall University Foundation, Inc. for \$ _____ (**Select designation below**).
- CREDIT CARD - Please charge my card One-time Monthly Annually for \$ _____ (**Select designation below**).
 - MasterCard VISA Discover American Express
 - Card # _____ Exp Date _____

DESIGNATE my gift to

\$ _____ University's Greatest Needs (100101)

\$ _____ General Scholarship Fund (300101)

\$ _____ College/Department Annual Fund _____

\$ _____ Other _____

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

Please note that payroll deduction auto-renews on November 1 of each year. To change or discontinue deductions please email development@marshall.edu.

Please call us at the Office of Annual Giving at 304-696-6214 with questions regarding the Family Campaign.

THANK YOU For Your Gift! Please return completed form with your signature to:

THE OFFICE OF DEVELOPMENT/ GRIFFIN TALBOTT