



Marshall Health Family 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/Marshall Health _____

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 want my gift to support:

- SOM Scholarship Campaign (610564)
- SOM Department Scholarship _____
- Other: _____
- PAYROLL DEDUCTION (*from your Marshall Health/University Physicians & Surgeons, Inc. paycheck*)
 - Amount of Pledge: \$ _____
 - Duration of Pledge: Ongoing One Year Two 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.

Total Annual Contribution	Deduction Per Pay Period
\$5,000.00	\$192.31
\$2,500.00	\$96.15
\$1,000.00	\$38.46
\$500.00	\$19.23
\$250.00	\$9.62
\$100.00	\$3.85
\$50.00	\$1.92
\$25.00	\$0.96

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



Marshall Health

**THANK YOU for your gift! Please return completed form with your signature to:
Linda Holmes | Director of Development & Alumni Affairs | Marshall University Medical Center, Room 3409**

For questions or to change/discontinue deductions, please contact Shonda Dingess, Payroll Clerk
at T: (304) 691-1648 • F: (304) 523-3248, or email halsteads@marshall.edu.