



## SOM 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 \_\_\_\_\_

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 would like to give \$ \_\_\_\_\_ to the

- School of Medicine Scholarship Campaign (610564)
- \_\_\_\_\_ Department Scholarship

Other: \_\_\_\_\_

**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	9 Month
	24 deductions	18 deductions
\$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

Signature: (required) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Marshall University Medical Center | Room 3409  
 For questions, contact Linda Holmes at 304-691-1711 or holmes@marshall.edu.

