MARSHALL RISES

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.

❑ 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 _____

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

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

00180-MAIL