



2016 Family Campaign Payroll Deduction Form

PERSONAL INFORMATION

Name: _____
First Middle Last

I am a: Faculty Staff Student MU ID# _____

Job Title: _____ Department: _____

College/School: _____

Campus Address: _____

Email: _____ Work Phone: _____

Home Address: _____

City/State/Zip: _____

WAYS TO MAKE A GIFT

- PAYROLL DEDUCTION - Check all that apply
 - Please deduct \$ _____ per pay period (Select designation below)
 - 12-Month Employee 9-Month Employee
 - 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.

- CHECK - I have enclosed a check payable to The Marshall University Foundation, Inc. for \$ _____ (Select designation below).

Total Annual Contribution	Deduction Per Pay Period	
	12 Month 24 pays	9 Month 18 pays
\$25,000.00	\$1,041.67	\$1,388.89
\$15,000.00	\$625.00	\$833.34
\$10,000.00	\$416.67	\$555.56
\$5,000.00	\$208.33	\$277.78
\$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	\$1.37

DESIGNATE my gift to

\$ _____ MU Employee or Dependent Endowed Scholarship (610672)

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

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