



Office Use Only

OIA Conf. _____

Employee Giving Payroll Deduction Form

Information

Today's Date:

Title: Dr. Mr. Mrs. Ms. Degree: M.D. Ph.D. M.P.H. M.S.C.R. Other _

Employment Category: (please check one) Faculty Adjunct Faculty Staff Resident

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Department: _____ Campus Phone: _____

E-mail Address: _____

Listing names of contributors in publications helps model philanthropic leadership and is Morehouse School of Medicine's expression of gratitude for your gifts. Please indicate your preference for recognition below.

My/Our name(s) may be listed in recognition brochures and/or publications. For recognition, this is how I/we wish to be listed. _____

Please do not list my/our name(s).

Payment Options

Option 1

Enclosed is my check for \$ _____

My spouse's employer provides matching funds. I will provide the required paperwork to you.

Name of Matching Gift Company: _____

Please enclose a signed Matching Donation Form from your spouse's employer if applicable.

Please charge my: VISA MasterCard American Express for \$ _____.

Name on the Card: _____

Card #: _____

Exp. Date: _____ CCID#: _____

Signature: _____

Payroll Deduction Information: (please allow two weeks for payroll processing when indicating start date.)

Option 2: Term Deduction with the total amount pledged, a start date and end date.

Total Amount \$ _____ via payroll deduction with \$ _____ deducted per pay period.

Pay Schedule: Bi-Weekly (26 pay periods annually)

Start: (Mo/Day/Yr) ___/___/___ End: (Mo/Day/Yr) ___/___/___

Signature: _____ Last Four Digits of SSN: XXX - XX - _____

Please return completed form to Patricia Mitchell-Clark, Office of Institutional Advancement or for questions please call 404.752.1736.

Morehouse School of Medicine | Office of Institutional Advancement | 720 Westview Drive, SW | Atlanta, GA 30310 | www.msm.edu

(over)

- A minimum of \$5.00 per pay period totaling \$50.00 or more is required to participate in payroll deduction.
- Please allow 2 weeks for payroll deduction processing.

Gift Designation

Please accept this as a gift intention in the amount of \$ _

To support

Thank you for your support!!