MOREHOUSE SCHOOL OF MEDICINE

Office Use Only
OIA Conf. _____

Payroll Deduction
31 Days of Giving-Annual Fund
(November 20, 2013-December 20, 2013)

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 5 days for payroll processing.)***

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

❑ **Total** Amount $_____ via payroll deduction with $_____ deducted for two pay periods.

Pay Schedule: December 13, 2013 and December 27, 2013 pay periods only.

Signature: _____ **Last Four Digits of SSN:** XXX – XX – __ __ __ __

Please return completed form to Michele Thomas, Office of Institutional Advancement or for questions please call 404.752.1086.

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

Thank you for your support!!