



Office Use Only
OIA Conf. _____
Payroll Code _____

Today's Date: _____

Employee Contribution and Payroll Deduction Form

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. A minimum of \$5.00 per pay period totaling \$50.00 or more is required to participate in payroll deduction)

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) ____/____/____

Option 3: Continuous Deduction with the amount deducted each pay period, a start date and no end date.

☐ Continuous Payroll deduction with \$ _____ deducted per pay period.

(Deductions will continue until the Payroll Office and the Office of Institutional Advancement have received written notice.)

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

Start: (Mo/Day/Yr) ____/____/____

To support:

☐ Annual Fund ☐ MSM Presidential Scholarship ☐ Area of greatest need ☐ Other Designation _____

Signature: _____

Please return completed form to Diane C. Williams, 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