

## 2016 Haiti Mission Trip 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) 6 / 10 / 2016      **End:** (Mo/Day/Yr) 6 / 24 / 2016

**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](http://www.msm.edu)

- 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

\_\_\_\_\_ Haiti Mission Trip

Thank you for your support!!