



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 form to Diane C. Williams, Office of Institutional Advancement (diwilliams@msm.edu) or call 404.752.1736 for questions.  
Morehouse School of Medicine | Office of Institutional Advancement | 720 Westview Drive, SW | Atlanta, GA 30310 | www.msm.edu