

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 (see reverse side for Founder's Fund Contribution Levels)

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) 5 / 27 / 2016 **End:** (Mo/Day/Yr) 6 / 10 / 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

- 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!!