



PERSONAL INFORMATION

Name: _____
Home Address _____
I am: [] Faculty [] Staff [] Student MU ID# _____
Job Title: _____ Department: _____
College/School: _____ Employer: _____
MU Email: _____ Work Phone: _____

WAYS TO MAKE A GIFT

[] PAYROLL DEDUCTION

- [] Please deduct \$ _____ per pay period (Select designation below)
[] 12-Month Pay [] 9-Month Pay
[] This is a new payroll deduction gift to begin ___ / ___ / ___.
[] This is in addition to my current payroll deduction gift(s).
[] This replaces my current payroll deduction gift(s).
[] Leave my payroll deduction the same as last year.

- [] CASH for \$ _____ (Select designation below).
[] CHECK - I have enclosed a check payable to The Marshall University Foundation, Inc. for \$ _____ (Select designation below).
[] CREDIT CARD - Please charge my card [] One-time [] Monthly [] Annually for \$ _____ (Select designation below).
[] MasterCard [] VISA [] Discover [] American Express
Card # _____ Exp Date _____

Table with 3 columns: Total Annual Contribution, Deduction Per Pay Period (12 Month 24 deductions, 9 Month 18 deductions). Rows include contribution amounts from \$15,000.00 down to \$24.00.

DESIGNATE my gift to
\$ _____ University's Greatest Needs (100101)
\$ _____ General Scholarship Fund (300101)
\$ _____ College/Department Annual Fund _____
\$ _____ Other _____

Signature: (required) _____ Date: ___ / ___ / ___

Please note that payroll deduction auto-renews on November 1 of each year. To change or discontinue deductions please email development@marshall.edu.

Please call us at the Office of Annual Giving at 304-696-6214 with questions regarding the Family Campaign.

THANK YOU For Your Gift! Please return completed form with your signature to:

THE OFFICE OF DEVELOPMENT/ GRIFFIN TALBOTT