

**Payroll Deduction Authorization**

*Please fill out the top section of this form and return to:
D-H/Geisel Office of Development,
Hinman 7070, One Medical Center Drive, Lebanon, NH 03756-0001*

Name (please print): _____
First Middle initial Last

Preferred Address: _____

Email Address _____

(Check one)
Paymaster: ___ Dartmouth-Hitchcock Clinic
___ MHMH
___ Dartmouth College (Check one) Are you paid: ___ Monthly ___ Bi-Weekly

- I wish to pledge \$ _____ (minimum of \$100)
to be paid over _____ (minimum of 6) pay periods.
 I wish to make an ongoing gift of \$ _____ per pay period until further notice.

Please start this with the next available pay period or _____ .
(month) (year)

These funds are to be credited to the ___ Dartmouth-Hitchcock Annual Fund (DHAF)
___ Fund for the Geisel School of Medicine
___ Other: _____

Note: only unrestricted gifts to DHAF or FGSM are included in Annual Fund Program but gifts to all purposes count in the Employee Giving Campaign.

Signature

Date

If you have any questions, please contact Jen Nelson in Gift Recording at (603) 653-0758.
Thank you for your generosity.

To Be Filled Out by D-H/Geisel Office of Development:**17.EMPpd**

Date Received-Gift Recording: _____

Reviewed: _____
Jennifer Nelson, Gift Recording and Acknowledgement Supervisor

Date Sent to Payroll Office: _____

Sent By: _____