

**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: \_\_\_\_\_