



Payroll Deduction Authorization

Please complete the top portion of this form and return to: Dartmouth-Hitchcock/Geisel Office of Development
One Medical Center Drive, HB 7070
Lebanon, NH 03756-0001

Name: _____
First Middle Last

Department: _____

Name as it should appear for donor recognition: _____
(Donors will be listed on the employee donor recognition wall at Dartmouth-Hitchcock Medical Center)

Do not list me on the donor recognition wall, in print or on the web.

Preferred address: _____

Email: _____
Phone: _____
(Include area code)

Paymaster: Dartmouth-Hitchcock
(check one) Mary Hitchcock Memorial Hospital
 Dartmouth College

} I am 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** deductions with the next available pay period, or on this date: _____
Month Year

I would like my gift to go to: Dartmouth-Hitchcock Annual Fund (DHAF)
(choose one or more) Fund for Geisel School of Medicine (FGSM)
 Other designation: _____

If you have questions, or prefer to make a monthly gift by credit card, contact Gift Recording at (603) 653-0700.

For Dartmouth-Hitchcock/Geisel Office of Development use only: 22.EMPpd

Date Received-Gift Recording: _____ Reviewed: _____
Gift Recording and Acknowledgement

Date Sent to Payroll Office: _____ Sent By: _____