

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: _____

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.

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: _____