



Payroll Deduction Authorization

Please complete the top portion of this form and return to:

Medical & Healthcare Advancement
One Medical Center Drive, HB 7070
Lebanon, NH 03756-0001

Prefer to submit this form online? Please visit dartgo.org/payroll-giving, or use this QR code.



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)

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:
(choose one or more)

Dartmouth Hitchcock Annual Fund (2-10010)

Fund for Geisel School of Medicine (7)

Fund for Child Health (2-22550)

Verville HOPE Fund (2-23175)

Friends of Dartmouth Cancer Center (2-24954)

Other designation: _____

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

} I am paid: _____ monthly _____ bi-weekly

Do you have a question about your gift?

Please contact Cate Meno, Director of Annual Giving at cate.meno@hitchcock.org or (808) 264-3362.

If you prefer to make a one-time gift online, please visit dartgo.org/employee-gift

For Medical & Healthcare Advancement use only: 23.Emp.PD
Date Received-Gift Recording: _____ Reviewed: _____
Gift Recording and Acknowledgement
Date Sent to Payroll Office: _____ Sent By: _____