

Employee Giving Campaign

Give to What Matters Most to You

DONOR INFORMATION

Name: _____
please print

Department: _____

Daytime Telephone: _____

E-mail Address: _____

Name as it should appear for donor recognition:

Donors to Geisel or D-H will be listed on the employee donor recognition wall at DHMC.

Please do not publish my name in print or on the web.

DESIGNATION

Please designate my gift to the following area:

- Fund for Geisel School of Medicine
 - Dartmouth-Hitchcock Annual Fund
 - Scholarships
 - Center for Health Equity
 - The Dartmouth Institute
 - Research Support
 - Other fund, department, or event that matters to you:
- _____

ENROLL IN PAYROLL GIVING

I wish to make a gift of \$ _____ per pay period until further notice.

I wish to make a gift of \$ _____ per pay period

for a total gift amount of \$ _____
(minimum \$100 total donation, minimum 6 pay periods)

Paymaster:

Dartmouth-Hitchcock Clinic MHMH Dartmouth College

Check one: monthly bi-weekly

Begin Deductions: Next available pay period Month/Year _____

Signature: _____

MAKE A GIFT BY CREDIT CARD OR CHECK

1. Enclosed is my gift of \$ _____
Please make check payable to Geisel School of Medicine or Dartmouth-Hitchcock Health

2. Please charge this gift to:

VISA MasterCard AmEx Discover

Name of Cardholder: _____

Card #: _____ Exp. Date: _____

Signature: _____

FOR OFFICE USE: Date Rec'd: Rev'd: Date to Payroll: Sent By: 16.EMP

Please return this form to the Office of Development, HB 7070. Questions, call (603) 653-0700.



Dartmouth
GEISEL SCHOOL OF MEDICINE