

Payroll Deduction Form



PennState Health
Milton S. Hershey
Medical Center



PennState
College of Medicine

New Payroll Deduction Change Current Payroll Deduction Cancel Current Payroll Deduction

YOUR INFORMATION

Title: Dr. Mr. Ms. Mrs. Other _____ Employer: Penn State Health HMC PSU COM

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____ MSHMC or PSU ID number _____

Campus Address _____ Department _____ Title _____

Penn State Graduate? Yes No Graduation Year: _____

If alumna and married, please enter your name prior to marriage if different from present name _____

- I have included Penn State in my estate plan, to benefit an institute, center, department or program at Hershey Medical Center or Penn State College of Medicine.
- I am interested in receiving planned giving information.

WHERE TO MAKE MY GIFT

- | | | |
|---|----------|-------------------------|
| 1. The area of greatest need (ACFMC) | \$ _____ | (Amount per pay period) |
| 2. Hershey Medical Center Care Fund (XXHCU) | \$ _____ | (Amount per pay period) |
| 3. Four Diamonds (XXHFD) | \$ _____ | (Amount per pay period) |
| 4. Children's Miracle Network (XXHCM) | \$ _____ | (Amount per pay period) |
| 5. Nursing (XXHNU) | \$ _____ | (Amount per pay period) |
| 6. Research (RCFGR) | \$ _____ | (Amount per pay period) |
| 7. Alumni Society Scholarship (SCFAS) | \$ _____ | (Amount per pay period) |
| 8. Other (specify below) | \$ _____ | (Amount per pay period) |

Please use whole dollar figures for each gift; minimum payroll deduction \$5 per pay period.

Give from the Heart campaign - XPHCS

TOTAL amount for all gifts per payroll deduction \$ _____

Question about where to make a gift? Call Mark Sunday at 717-531-8497 or email msunday@pennstatehealth.psu.edu

ACTION REQUIRED

I want to take the following action through payroll deduction:

Payroll Biweekly Monthly

1. Make a one time gift through payroll deduction.
2. Effective with my next pay, please deduct \$ _____ .00 per pay period.
(Please use whole dollar amounts)

PLEASE RETURN THIS FORM TO:

Office of University Development
and Alumni Relations
Mail Code HS20
P.O. Box 852
Hershey, PA 17033-0852

Signature _____ Date _____

This authorization shall remain in effect until you notify the Office of Annual Giving that you wish to change or stop the payroll deduction.