



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:				
Fi	rst	Middle	Last	
Department:				
(Donors will be listed on the	employee donor recogniti	cognition: ion wall at Dartmouth-Hitchcock Media tion wall, in print or on the	cal Center)	
Preferred address: _		Fmail:		
			Include area code)	
(check one) Mai Dar		orial Hospital I am po minimum of \$100) to be pai		
Please START ded	uctions with the n	ext available pay period, or o	on this date:	
			Month	Year
I would like my gift to (choose one or more)	Fund	nouth-Hitchcock Annual Fun for Geisel School of Medicir designation:	. ,	
If you have question	ns, or prefer to mal	ke a monthly gift by credit ca	rd, contact Gift Recording at	(603) 653-0700.
For Dartmouth-Hi	chcock/Geisel Offi	ce of Development use only	r:	22.EMPpd
Date Received-Gift Rec	cording:	Review	wed: Gift Recording and Acknowledger	nent
Date Sent to Payroll O	ffice:	Sent B	y:	