



Name: _____

Employee ID: _____

Title: _____

Department: _____

Yes! I want to make an impact!

Payroll Deduction:

Please increase my payroll deduction to \$_____ per pay period.

Please continue my payroll deduction.

I wish to start payroll deduction with a gift of \$_____ per pay period.

Credit card:

I will make my gift at evms.edu/employeeegiving.

Cash/Check: Enclosed \$_____

(Made payable to EVMS Foundation)

Bi-weekly deduction	Monthly deduction	Annual contribution
\$192.31	\$416.67	\$5,000
\$115.39	\$250.00	\$3,000
\$76.93	\$166.67	\$2,000
\$38.47	\$83.34	\$1,000
\$19.24	\$41.67	\$500
\$9.62	\$20.84	\$250
\$4.62	\$10.00	\$120

Signature: _____ Date: _____

Please take a moment to tell us why you support the EVMS Fund.

THANK YOU FOR SUPPORTING EASTERN VIRGINIA MEDICAL SCHOOL!

To submit your completed form, please send via interoffice mail to Amber Gwaltney in Development or email to employeeegiving@evms.edu.

For more information, call 757.965.8500 or visit www.evms.edu/employeeegiving.