



Employee Payroll Form

Please print

FY18 BCM Fund Employee Giving

Employee Name: _____ BCM ID: _____
 Department: _____ Mail Stop: _____
 Phone: Day _____ Evening _____ Email Address: _____
 Classification: (circle all that apply) faculty staff alumnus resident fellow

Gift Information

- Please deduct \$ _____ per pay period for a total of \$ _____.
 - Please deduct \$ _____ per pay period until I notify you to terminate or change my deduction.
 - Please deduct \$ _____ from the next paycheck as a one-time gift.
- (A minimum of \$5 per pay period is required.)

I would like my payroll deduction to start after this date: _____
 (It may take up to two pay periods for your deduction to begin.)

My gift should be designated to support:

- BCM Fund: College Priorities Fund – 9800000250 \ 7600
- BCM Fund: Patient Care Fund – 9800000255 \ 7600
- BCM Fund: Research Fund – 9800000260 \ 7600
- BCM Fund: Education Fund – 9800000245 \ 7600
- BCM Fund: Community Service Fund – 9800000240 \ 7600
- Other: _____

Signed: _____ Date: _____

Honor/Memorial Gifts

This gift is made in honor of: in memory of: as a grateful patient of:
 Name: _____

Please notify the following of my honor/memorial gift:
 Name _____
 Address _____
 City: _____ State: _____ Zip: _____

Please return this form to:

Baylor College of Medicine Office of Philanthropy and Alumni Relations
 Phone: (713) 798-5603 Fax: (713) 798-3344 * For more information: www.bcm.edu/giving
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