

EMPLOYEE GIVING CAMPAIGN

**BCOM Giving:
Foundation for Success**

Yes, I want to #BCOMAGiver!

Name: _____ Department: _____

Email: _____

Staff

Exempt

Faculty

Non-exempt

Please direct my gift to the:

Student Excellence Fund

President's Excellence Fund

Research Excellence Fund

I would like to contribute the following through:

1 Power Hour (the equivalent of 60 minutes of my pay check per month)

\$_____ Monthly Donation

One time donation of \$_____

Authorization for Payroll Deduction

I authorize payroll to deduct the above amount from my paycheck(s). The deduction will be ongoing until I send a written notification of cancellation (unless it is a one time donation).

Signature: _____ Date: _____

Completed and signed forms may be returned to Human Resources either in person or via email.

Burrell College of Osteopathic Medicine
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For more information or to complete this form online, please visit:
bcomnm.org/employee-giving