

# Interoffice form to the Philanthropy Office

Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_

## I designate my gift to the following fund(s):

- Patient Care Equipment       Patient Financial Assistance  
 Kingsbury Cancer Care       Sports Medicine Program  
 Cindi Coughlin Nursing Scholarship  
 Ben Tatro Memorial Healthcare Scholarship  
 Other \_\_\_\_\_  
(DEPARTMENT/PROGRAM)

I prefer to remain Anonymous

Please make my gift  in honor of  in memory of

Name: \_\_\_\_\_

## Payment Options

### PAYROLL DEDUCTION:

- Gift of \$ \_\_\_\_\_ per pay period through December 2021. (First deduction will happen the first pay period of 2021)  
 One time deduction of \$ \_\_\_\_\_

I am authorizing this voluntary deduction as specified in RSA 275:481 and/or LAB 803.03C.

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### CHECK PAYABLE TO: Cheshire Health Foundation

### CREDIT CARD: (Visa, MC, AMEX, Discover)

- I authorize a credit card charge of \$ \_\_\_\_\_.  
 I authorize a **monthly** (15th of each month) credit card charge of \$ \_\_\_\_\_ per month for 2021.  
 I authorize a **monthly** (15th of each month) credit card charge of \$ \_\_\_\_\_ per month until further notice.

Number \_\_\_\_\_

Expiration \_\_\_\_/\_\_\_\_ CVC code \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

## Thank you for your generous support!

Prefer to give online?

Visit [CheshireHealthFoundation.org/employees](https://CheshireHealthFoundation.org/employees)



Cheshire  
Health Foundation

2020-21 Employee Giving Campaign