

Interoffice form to the Philanthropy Office

Name: _____

Employee Number: _____

Department: _____

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

- COVID-19 Fund
- Kingsbury Cancer Care
- Cindi Coughlin Professional Nursing Scholarship
- Ben Tatro Memorial Healthcare Scholarship
- Other _____
(DEPARTMENT/PROGRAM)
- Patient Financial Assistance
- Sports Medicine 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



2020-21 Employee Giving Campaign