

# Our Employees are *Amazing!*



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

Employee ID: \_\_\_\_\_

Phone: \_\_\_\_\_

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

- Ultrasound Fund
- COVID-19 Fund
- Sports Medicine Program
- Cindi Coughlin Professional Nursing Scholarship
- Ben Tatro Memorial Healthcare Scholarship
- Other \_\_\_\_\_
- Patient Financial Assistance
- Kingsbury Cancer Care

(DEPARTMENT/PROGRAM)

## PAYROLL DEDUCTION

I hereby authorize a payroll deduction of:

- Gift of \$ \_\_\_\_\_ per pay period through December 2022. (First deduction will happen the first pay period of 2022)
- One time deduction of \$ \_\_\_\_\_

Gifts of \$500 or more will be recognized at the Leadership Giving level.

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 for a one-time donation.
- I authorize a **monthly** (15th of each month) credit card charge of \$ \_\_\_\_\_ per month for the remainder of 2022.
- 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: \_\_\_\_\_

**Prefer to give online?**  
[CheshireHealthFoundation.org/employees](https://CheshireHealthFoundation.org/employees)

I prefer to remain Anonymous

Please make my gift  in honor of:  in memory of:

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

**Thank you for your generous support!**