

Our Employees are *Amazing!*



Name: _____

Employee ID: _____

Phone: _____

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

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

I prefer to remain Anonymous

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

Name: _____

Thank you for your generous support!