



Fill out your pledge form online! Visit www.fremonthealthfoundation.org and click on **Make an Impact, Employee Giving Campaign**.

EMPLOYEE INFORMATION

Employee Name: _____

Employee Number: _____ Department: _____

Home Address: _____

SELECT A DONATION OPTION

☐ **Payroll Deduction**

(Per pay period, based on 26 pay periods, deductions start on 5/24/19)

- ☐ \$5 per pay period (\$130/year)
- ☐ \$10 per pay period (\$260/year)
- ☐ \$15 per pay period (\$390/year)
- ☐ \$20 per pay period (\$520/year)
- ☐ \$25 per pay period (\$650/year)
- ☐ \$50 per pay period (\$1,300/year)
- ☐ \$_____ per pay period x 26 = \$_____/year
- ☐ 1x deduction \$_____ (deducted from 5/24/19 paycheck)

☐ **One-Time Gift**

- ☐ Personal Check \$_____ ☐ Cash \$_____
- ☐ Credit Card \$_____ (Visa, Mastercard or Discover)
Card#: _____
Exp. Date: _____ CCV Code: _____

SELECT A SHIRT OPTION

☐ **T-Shirt** (Minimum gift of \$26)

T-Shirts are 50% cotton, 50% polyester, unisex size

- | | |
|---------------------------------|------------------------------|
| <input type="checkbox"/> Small | <input type="checkbox"/> XL |
| <input type="checkbox"/> Medium | <input type="checkbox"/> 2XL |
| <input type="checkbox"/> Large | <input type="checkbox"/> 3XL |

☐ **Polo** (Minimum gift of \$130)

Polos are 65% polyester, 35% cotton, Men's and Women's sizes

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Men's Small | <input type="checkbox"/> Men's XL |
| <input type="checkbox"/> Men's Medium | <input type="checkbox"/> Men's 2XL |
| <input type="checkbox"/> Men's Large | <input type="checkbox"/> Men's 3XL |
| <input type="checkbox"/> Women's Small | <input type="checkbox"/> Women's XL |
| <input type="checkbox"/> Women's Medium | <input type="checkbox"/> Women's 2XL |
| <input type="checkbox"/> Women's Large | <input type="checkbox"/> Women's 3XL |

☐ **No Shirt**

DESIGNATE YOUR GIFT

Please select a fund where you would like your gift to be designated. If no fund is specified, your gift will be designated to the unrestricted fund. For more information about these funds, see the enclosed *Description of Funds* sheet.

- | | | |
|--|---|--|
| <input type="checkbox"/> Unrestricted (where needed most) | <input type="checkbox"/> Breastfeeding Initiative | <input type="checkbox"/> Medication Assistance |
| <input type="checkbox"/> Dunklau Gardens *matching opportunity | <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Mom & Baby Home Care |
| <input type="checkbox"/> Patient Care Services *matching opportunity | <input type="checkbox"/> Diabetes Education | <input type="checkbox"/> S.A.F.E. |
| <input type="checkbox"/> Behavioral Health Services | <input type="checkbox"/> Employee Family Crisis | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Books for Babies | <input type="checkbox"/> Hospice & Home Health | <input type="checkbox"/> Simulation Lab |

SIGNATURE Your signature is required to authorize payroll deduction and/or a credit card payment.

Signature: _____ Date: _____

Please return your pledge form to the Fremont Health Foundation by Friday, May 10, 2019.

Questions? Call the Foundation office at 402.727.3404 or email tchromy@fremonthealth.com.

Thank you for your support! Your donation is tax deductible. An acknowledgement letter will be sent to your home address.