

EMPLOYEE GIVING CAMPAIGN PLEDGE FORM

EMPLOYEE NUMBER:NAME:_		i:	JOB TITLE:		
HOME ADDRESS:		CITY:	STATE:	ZIP:	
EMPLOYEE SIGNATURE:		DATE:	E-MAIL:		
DEPT. NAME:		LAST 4 #'S OF SOCIAL	LAST 4 #'S OF SOCIAL SECURITY NUMBER:		
BIRTHDAY (MM/DD):					
PLE	ASE SELECT FROM THE FOLLOWING OPTI	ONS:	I would like my gift to suppo	ort the area below:	
Pay.	roll Deduction Option Please deduct \$ per pay period (24 pay periods per fiscal year)		Unrestricted ☐ Making a difference where Centers of Excellence ☐ Elvis Presley Trauma Center	·	
	Please deduct \$one time only.		□ Firefighters Burn Center □ Sheldon B. Korones Newbo □ High Risk Obstetrics Progra		
Direct Contribution Option			Specialty Care Programs	(11) ((415.6)	
	I would like to contribute \$ Check enclosed (make check payable to Regional One Heath F Cash		□ Adult Special Care Services □ Diggs-Kraus Adult Sickle Ce □ Traumatic Brain Injury Prog Educational Funds	ell Services	
Opt	Out Thank you for the opportunity to participate. I not able to make a contribution at this time.	am	□ Jency Mitchell Scholarship (college scholarship for depen □ Advanced Nursing Scholars (Educational assistance for nu	ship	
T-Sh	nirt Size for donation Small Medium Large X-Large 2X-Large 3X-Large 4X-Large		MSN degree). Other □ Diabetes Fund □ Humanitarian Fund (Employee Emergency Assista □ Pharmacy Education Fund □ Pastoral Care	ance)	

Thank you for your pledge. Your contribution really does make a difference!
Regional One Health Foundation is the charitable, non-profit 501(C) III fundraising arm for Regional One Health. Donations to Regional One Health Foundation are tax deductible to the extent allowed by law.

Regional One Health Foundation office is located in AG65. Phone: (901) 545-6006