


Employee # _____
 Name _____
 Address _____
 City _____ State _____ Zip _____

Cell Phone _____

T-Shirt Type Long-Sleeve
 Short-Sleeve

T-Shirt Size S M L XL 2XL 3XL
 *For donations of \$78 or more.

Ways to Give

- Payroll Deduct:** Please make bi-weekly deductions from each of my paychecks beginning January 6 and ending December 22, 2023 in the amount of \$_____ per pay period
- Payroll Deduct:** One-time payroll deduction in the amount of \$_____ to deduct on January 6, 2023
- PTO:** I want to join the One Hour Club by donating 1 hour of PTO per pay period (26 hours total) over the course of 2023. (begins January 2023) 
- PTO:** Please deduct _____ number of PTO hours in January 2023
- Cash/Check Gift:** \$_____ amount enclosed made payable to Friends of CMH

Employee Signature _____ Date _____

Passion Areas to Support

- Stryker Power Equipment for Surgery
- CORE Grant Funding
- Other: _____
- I am currently paying on a pledge through 2022
- I wish to remain anonymous

Gift Given in: memory of: honor of:

Please send acknowledgement to:
 Name _____
 City _____ State _____ Zip _____

Matching Gift: My spouse works for a matching gift company
 Company Name _____

\$ per pay period	12 month total
\$2	\$52
\$3	\$78
\$4	\$104
\$5	\$130
\$6	\$156
\$7	\$182
\$8	\$208
\$9	\$234
\$10	\$260
\$20	\$520
\$25	\$650
\$50	\$1,300

Wear your passion on your sleeve!

Give at least \$3 per pay period AND turn in your pledge form by **Dec. 1st** and receive a free long or short sleeve t-shirt.



TOGETHER WE INSPIRE
 YOUR PASSION OUR PURPOSE
 UnityPoint Health
 Allen Foundation