

EMPLOYEE CAMPAIGN

Partners in Caring

2021 PLEDGE FORM

EMPLOYEE INFORMATION

Name			
Department		Campus	CentraCare Employee #
Home Address			
	<input type="checkbox"/> Address change?		
City, State, Zip Code			
Telephone	(HOME)	(WORK)	(CELL)
Home E-mail Address			

GIFT DESIGNATION:

- Carris Health Foundation - Redwood: Caring for Children (Birthing Services) Fund
- Carris Health Foundation
- Other _____

(See back for full list of Foundation Funds)

PAYMENT INFORMATION -- Choose one option:

PER PAY PERIOD PAYROLL DEDUCTION*:

Choose the equivalent of 60, 30, or 15 minutes, or specify any amount to be deducted from each paycheck.

- 60 Minutes
- 30 Minutes
- 15 Minutes
- @ \$ _____ HOURLY PAY RATE
- Other
- \$ _____ per pay period

*Payroll deductions will begin July, 2021 and run through June, 2022.

ONE-TIME GIFT:

- \$ _____ **ONE-TIME PAYROLL DEDUCTION**
July, 2021
- \$ _____ **CHECK OR CASH**

(Send completed form and payment in a sealed envelope via interdepartmental mail to Carris Health Foundation, or via USPS mail to Carris Health Foundation, 301 Becker Ave SW, Willmar, MN 56201)

GIFT TYPE – New Giving Option!

Complete this section if you wish to change your gift from an annual gift to a **RECURRING GIFT.**

- RECURRING GIFT (no end date)**

I acknowledge that the Foundation will continue to deduct my selected gift option from my paycheck until I stop or change my giving option. For 15/30/60 minute and PTO donors, gift will be automatically adjusted to the current pay rate each year.

- Update my gift designation to the priority project each year
- Keep my gift designation the same until I choose to change

RECOGNITION

Please print your name as you wish to be recognized in our Foundation Honor Roll of Donors:

- I wish to have my gift remain anonymous.

SIGNATURE

Signature

Date