

CHAMPIONS

...Stronger Together.

SUPPORTING OUR HEALTH SYSTEM'S CHARITABLE WORK

Please return your gift to Concord Hospital Trust
Via Inter-Department Mail

My information:

NAME _____

DATE _____ DEPARTMENT/UNIT _____

PHONE OR EXT _____ PREFERRED E-MAIL _____

Designate my annual gift to:

- EMPLOYEE HELPING HANDS FUND
- UNRESTRICTED (GREATEST NEEDS OF THE HOSPITAL)
- MY CHOICE (WRITE IN THE DEPARTMENT/UNIT/PROGRAM) _____

(Ex.: Payson Center for Cancer Care, Concord Hospital Trust Scholarship Fund, etc.)

Payment method:

OPTION #1: CASH/CHECK

- PLEASE ACCEPT MY DONATION OF \$_____. *(Checks payable to Concord Hospital Trust.)*

OPTION #2: CREDIT CARD

- TO MAKE A CREDIT CARD PAYMENT, PLEASE CALL CONCORD HOSPITAL TRUST AT (603) 227-7162 OR SCAN THE QR CODE

OPTION #3: PAYROLL DEDUCTION

- I AUTHORIZE MY EMPLOYER TO DEDUCT \$_____ FOR _____ PAY PERIOD(S) FOR A TOTAL CONTRIBUTION OF \$_____.
(There are 26 pay periods per year. Your gift by payroll deduction will begin the first pay period after your pledge has been made.)
- I AUTHORIZE MY EMPLOYER TO DEDUCT \$_____ PER PAY PERIOD CONTINUOUSLY. *(Contribution will continue until the Trust is notified otherwise.)*



Amount of my gift:

- I WANT TO SUPPORT THE CHAMPIONS EMPLOYEE ANNUAL GIVING CAMPAIGN WITH A GIFT OF \$ _____
- \$130 = \$5 per paycheck
- \$260 = \$10 per paycheck
- \$520 = \$20 per paycheck
- \$1,000 = \$38.46 per paycheck
PRESIDENT'S SOCIETY
- \$ _____ OTHER

Recognition:

- IN MEMORY OF _____ IN HONOR OF _____
- HOW WOULD YOU LIKE TO BE RECOGNIZED? *(Ex. Mrs. Jane Doe, Dr. & Mrs. John Doe, The Doe Family)* _____
- I WOULD LIKE MY GIFT TO REMAIN ANONYMOUS