

# 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

- SCAN QR CODE ON REVERSE OR CALL THE TRUST AT (603) 227-7162.

#### 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.)*

### 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

### 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 = \$38.47 per paycheck  
PRESIDENT'S SOCIETY
- \$ \_\_\_\_\_ OTHER