

2017

# CHAMPIONS

EMPLOYEE ANNUAL GIVING CAMPAIGN



In gratitude of **OUR** employees' generosity

**You choose, you count, any amount!** Please return your gift to **Gail Dexter at Concord Hospital Trust.**  
Via Inter-Department Mail

### My information:

NAME \_\_\_\_\_ LAWSON ID \_\_\_\_\_

DATE \_\_\_\_\_ DEPARTMENT/UNIT \_\_\_\_\_

PHONE OR EXT \_\_\_\_\_ PREFERRED E-MAIL \_\_\_\_\_

### 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
- \$1000 = \$38.46 PER PAYCHECK PRESIDENTS SOCIETY
- \$ \_\_\_\_\_ OTHER

### Designate my annual gift to:

- UNRESTRICTED (GREATEST NEEDS OF THE HOSPITAL)
- MY CHOICE (WRITE IN THE DEPARTMENT/UNIT/PROGRAM) \_\_\_\_\_

*(Ex.: Employee Helping Hands Fund, charitable care, Emergency Department, Payson Center for Cancer Care, Center for Cardiac Care, Forrest D. McKerley Simulation and Education Center, The Learning Center, Concord Hospital Trust Scholarship Fund, Therapeutic Arts and Activity Services.)*

### Payment method:

#### OPTION #1: 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.)*

#### OPTION #2: CASH/CHECK

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

#### OPTION #3: CREDIT CARD

- ONE TIME CREDIT CARD CHARGE OF \$ \_\_\_\_\_.
- I AUTHORIZE CONCORD HOSPITAL TRUST TO CHARGE \$ \_\_\_\_\_ TO MY CREDIT CARD FOR \_\_\_\_\_ MONTHS.
- VISA     MASTERCARD    CARD # \_\_\_\_\_ EXPIRATION \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### 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



For more information, call Concord Hospital Trust at (603) 227-7162.