

BROADLAWNS MEDICAL CENTER FOUNDATION

2023 EMPLOYEE GIVING CAMPAIGN GIFT FORM

To complete your gift or pledge, please return this form to the Marketing/Foundation offices.

I would like to support the Broadlawns Medical Center Foundation.

The 2023 Capital Campaign supports the Broadlawns Mammography and Imaging Clinic remodel.

You can count on my support as a (please choose one option):

Reference Guide

\$5/pay period	=	\$130 total
\$10/pay period	=	\$260 total
\$15/pay period	=	\$390 total
\$20/pay period	=	\$520 total
\$25/pay period	=	\$650 total
\$30/pay period	=	\$780 total
\$35/pay period	=	\$910 total
\$40/pay period	=	\$1040 total
\$45/pay period	=	\$1170 total
\$50/pay period	=	\$1300 total

Note: This is only a guide. You may donate more than \$50 per pay period if desired.

☐ **ONE YEAR PLEDGE** (26 pay periods)

☐ I would like to payroll deduct \$_____ per pay period
Minimum \$5 per pay period. Donations must be in \$5 increments.
for a total gift of \$_____ (amount from line above x 26)

☐ I would like to payroll deduct _____ PTO hours per quarter
Minimum 4 hours per quarter.
for a total gift of _____ PTO hours (amount from line above x 4)

☐ **ONE-TIME GIFT**

☐ I would like to payroll deduct \$_____ as a one-time gift
Minimum \$20.

☐ I would like to payroll deduct _____ PTO hours as a one-time gift
Minimum 4 hours.

☐ A check or cash is enclosed for \$_____
Please make checks payable to the Broadlawns Medical Center Foundation.

☐ Please charge my credit card \$_____ ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa
Card Number: _____ Exp. Date: _____ Security Code: _____

DONOR INFORMATION

NAME Please print name exactly as you wish to be recognized

DEPARTMENT

EMAIL ADDRESS

HOME ADDRESS

PHONE

CITY

STATE

ZIP

My signature hereby authorizes Broadlawns Medical Center Foundation/Payroll Department to make these deductions (if applicable) from my paycheck(s) or charge my credit card.

SIGNATURE REQUIRED

DATE

Thank you for supporting the Broadlawns Employee Giving Campaign.