



2023 BROADLAWNS EMPLOYEE GIVING CAMPAIGN GIFT FORM

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

I would like my gift to support Variety the Children's Charity.

Variety is dedicated to improving the lives of underprivileged, at-risk and special needs children throughout Iowa.

I would like my gift to be a (please choose one option):

ONE YEAR PLEDGE (26 pay periods)

I would like to payroll deduct \$ _____ per pay period (minimum \$5 per pay period)
for a total gift of (amount from line above x 26) \$ _____

ONE-TIME GIFT

I would like to payroll deduct \$ _____ as a one-time gift (minimum \$20)

A check or cash is enclosed for \$ _____

Please make checks payable to Variety the Children's Charity.

DONOR INFORMATION

NAME Please print name exactly as you wish to be recognized

<input type="text"/>	<input type="text"/>
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DEPARTMENT

EMAIL ADDRESS

<input type="text"/>	<input type="text"/>
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HOME ADDRESS

PHONE

<input type="text"/>	<input type="text"/>
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CITY

STATE

ZIP

<input type="text"/>	<input type="text"/>
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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

<input type="text"/>	<input type="text"/>
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Thank you for supporting the Broadlawns Employee Giving Campaign.