



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

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.