

GOOD SAMARITAN HOSPITAL FOUNDATION

Annual Employee Giving Campaign

Pledge Form

May 6-10, 2024

Submit your completed pledge form by May 10th to qualify for this year's prizes!

Drop it in mailbox (#50), at our office (Bierhaus Building, Suite 201), with your manager, or scan and email to ncoomer@gshvin.org.



Above & Beyond

Superstar Sponsor:
Good Samaritan Food Service

Donate at least \$2 or more per pay or \$50 and above to get the "Above & Beyond" cup, and enjoy 50% off on cafeteria fountain drinks and coffee until May 2025.



PERSONAL INFORMATION

Full Name :

Address:

Badge Number:

Email:

Department:

Phone:

Select A Donation Option:

I hereby authorize a deduction of \$_____ from each of my pay periods. This amount is to be contributed to the Good Samaritan Hospital Foundation on my behalf. I understand and agree that these payroll deductions will commence on May 23rd, 2024, through May 1st, 2025, unless I decide to revoke this authorization before the end date.

My gift is enclosed in the amount of \$_____ Cash Check made payable to Good Samaritan Hospital Foundation

DESIGNATE YOUR GIFT:

- Breast Care Center & Other Cancer Initiatives Technology & Medical Equipment
 Emerging Needs (Most Pressing) Community Health & Wellbeing
 Patient Assistance Scholarships/Education
 Other _____

THANK YOU FOR YOUR SUPPORT!

Signature

Date



For more information, or to give online, check out the Employee Giving Campaign webpage!



www.gshvin.org/employee-giving