


**DONOR INFORMATION**

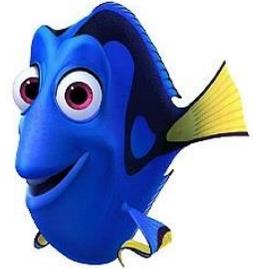
Name: \_\_\_\_\_

 Address: \_\_\_\_\_  
 \_\_\_\_\_

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_ Employee #: \_\_\_\_\_

Personal email address: \_\_\_\_\_



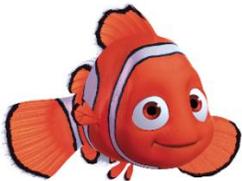
It is important that we have accurate information on file to provide you with year-end tax statements.

**For Your Information**

**Thank you** for your consideration of the 2017 campaign. We truly appreciate your commitment to BHS and *we hope that you will contribute this year.* You may **inter-office** your form to the Foundation or make your commitment on the **BHS Intranet** under EMPLOYEE.

**Payroll Deduction Chart**
*26 pays per year*

| Annual Gift Amount | Approximate Amount Per Pay |
|--------------------|----------------------------|
| \$1,200            | \$46.15                    |
| \$1,000            | \$38.46                    |
| \$800              | \$30.77                    |
| \$500              | \$19.23                    |
| \$250              | \$9.62                     |
| \$200              | \$7.70                     |
| \$150              | \$5.77                     |
| \$100              | \$3.85                     |
| \$50               | \$1.92                     |


**CONTRIBUTION**
**PLEDGE AMOUNT:**

- Splash Club\*** - 1 Hour's pay bi-weekly at current rate  
 \$\_\_\_\_\_ per pay\* (chart above for your convenience)  
 \$\_\_\_\_\_ one time gift

**\*PLEDGE TERM:**

- Annual- bi-weekly through 8/23/18  
 Indefinite - bi-weekly on-going. You can make changes at any time.

**DESIGNATION**

- Surgical Services  
 Renovation of 3, 5 and 6 Main Units  
 Employee Fitness & Wellness Center  
 Greatest Needs

**SIGNATURE**

Signature \_\_\_\_\_