Employee Giving Form

ESKENAZI HEALTH FOUNDATION

Name *(please print)*: ______________________ Employee #: ____________

Home Address *(street, city, state, zip code)*: ______________________

Home Phone: ____________ Cell Phone: ____________

Preferred Email: ______________________

I would like to give to *(please select one)*:

○ Colleagues Care

○ Eskenazi Health

Payment method *(please select one)*:

○ **Enroll in Payroll Deduction:** I hereby authorize (select one):

○ Eskenazi Health ○ Health & Hospital Corporation ○ Eskenazi Medical Group

to deduct and withhold the amount specified below from each of my payroll checks as a donation to Eskenazi Health Foundation. I understand that I may revoke Payroll Deduction at any time upon written notice to Eskenazi Health Foundation. ***Participating in payroll deduction requires a minimum gift of $50 paid over 5 pay periods.***

Per Paycheck	Total Per Year
$10	$260
$15	$390
$20	$520
$25	$650
$30	$780
$40	$1,040
$50	$1,300
$77	$2,002
$100	$2,600

I would like to *(please select one)*:

○ Make **a recurring gift** of $ ________ per pay period beginning ________ *(month)*.
I will notify you when I wish to stop the recurrence of this gift.

○ Make **a pledge in the amount** of $ ________ .
I would like to give $ ________ per pay period beginning ________ *(month)*.

○ **Credit Card**

☐ I would like to make **a one-time gift** of $ ________ .

☐ I would like to make **a pledge in the amount** of $ ________ .
I/We will make monthly payments of $ ________ beginning ________ *(month)*.

Credit Card *(please select one)*: ○ Visa ○ MasterCard ○ American Express ○ Discover

Card Number: ______________ Expiration: ________ CVV: ________

○ **Check** *(enclosed and payable to Eskenazi Health Foundation)* Amount: $ ________

Employee Signature *(required)*: ______________________ Date: ____________

Please return form to:
ESKENAZI HEALTH FOUNDATION
720 Eskenazi Ave.
Fifth Third Bank Bldg, 5th Floor
Indianapolis, IN 46202
Info@EskenaziHealthFoundation.org

Eskenazi Health Foundation is a 501(c)(3) not for profit organization. Please consult your tax advisor as to the tax deductibility of your contribution.