



Employee Gift Form

Payroll Deduction

EMPLOYEE INFORMATION:

Last Name First Name Middle Name

Mailing Address City State Zip

GIFT AMOUNT:

\$1,000 \$500 \$250 \$100 \$50 Other \$ _____

GIFT DESIGNATION:

Greatest Needs Fund \$ _____ Capital Campaign Children's Fund \$ _____
 Endowment \$ _____ Steve H. Musson Emergency Services Endowment \$ _____ Other \$ _____

METHOD OF PAYMENT: (Payroll Deduction *or* Check *or* Debit/Credit Card)

Employee Payroll Deduction: I would like to make a gift by payroll deduction (complete the box below):

EMPLOYEE PAYROLL DEDUCTION – STATEMENT OF AUTHORIZATION

Please deduct \$ _____ from my paycheck each month beginning _____, _____
(Month) (Year)

Payroll deduction to end _____, _____ OR Continue until further notice.
(Month) (Year)

(Signature)

(Date)

Check

Enclosed is my check made payable to Floyd Valley Hospital Foundation for the amount above.

Debit/Credit Card

Visa MasterCard American Express Discover

Cardholder's Name _____

Expiration Date _____, _____ Card No. ____/____/____/_____
(Month) (Year)

(Signature)

(Date)

Please return this form to the Administration/Foundation Office (Attn: Foundation Manager)
Thanks for everything you do for the Floyd Valley Foundation!