

EMPLOYEE GIVING FORM

As a MetroHealth employee, I witness every day how our system's people and programs improve the health of our patients and our community. I see firsthand the essential role MetroHealth plays in our region. And I am proud to invest in our mission and our future with my financial support.

You can count on my ... (please choose one option)

PLEDGE OF SUPPORT

I would like to contribute \$ through payroll deduction each pay period for 5 years (130 pay periods).

SUSTAINER

I would like to contribute \$ through payroll deduction each pay period until I notify the Foundation of changes in writing.

INCREASED SUSTAINER

I would like to INCREASE my contribution to \$ through payroll deduction each pay period until I notify the Foundation of changes in writing.

ONE-TIME GIFT

I would like to contribute \$ as a one-time gift.

Payment options for one-time gift (please choose one):

I would like this gift to be:

Check is enclosed (payable to **The MetroHealth Foundation**)

Please charge my: American Express Discover MasterCard Visa

I would like my gift to support:

Employee Hardship Fund

a specific department, program or designation
(Multiple designations -may be listed below)

SIGNATURE

CARD NUMBER

CSC/CVV#

EXP DATE

Donor Information

NAME

EMPLOYEE ID

DEPARTMENT

WORK PHONE

EMAIL ADDRESS

HOME ADDRESS

HOME PHONE

CITY

STATE

ZIP

I authorize the total pledge amount to be paid to The MetroHealth Foundation Inc. by payroll deduction or charged to my credit card. Bi-weekly Pacesetter, Sustainer deductions will continue until the total pledge is paid or canceled by written notification sent to The MetroHealth Foundation.

SIGNATURE (REQUIRED)

DATE

I wish to be anonymous.