



Regional One Health Foundation

EMPLOYEE GIVING CAMPAIGN PLEDGE FORM

EMPLOYEE NUMBER: _____ NAME: _____ JOB TITLE: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYEE SIGNATURE: _____ DATE: _____ E-MAIL: _____

DEPT. NAME: _____ LAST 4 #'S OF SOCIAL SECURITY NUMBER: _____

BIRTHDAY (MM/DD): _____

PLEASE SELECT FROM THE FOLLOWING OPTIONS:

Payroll Deduction Option

- Please deduct \$ _____ per pay period.
(24 pay periods per fiscal year)
- Please deduct \$ _____ one time only.

Direct Contribution Option

- I would like to contribute \$ _____
 - Check enclosed
(make check payable to Regional One Health Foundation)
 - Cash

Opt Out

- Thank you for the opportunity to participate. I am not able to make a contribution at this time.

T-Shirt Size for donation

- Small
- Medium
- Large
- X-Large
- 2X-Large
- 3X-Large
- 4X-Large

I would like my gift to support the area below:

Unrestricted

- Making a difference where the need is greatest.

Centers of Excellence

- Elvis Presley Trauma Center
- Firefighters Burn Center
- Sheldon B. Korones Newborn Center
- High Risk Obstetrics Program

Specialty Care Programs

- Adult Special Care Services (HIV/AIDS)
- Diggs-Kraus Adult Sickle Cell Services
- Traumatic Brain Injury Program

Educational Funds

- Jency Mitchell Scholarship
(college scholarship for dependents of employees)
- Advanced Nursing Scholarship
(Educational assistance for nurses seeking BSN or MSN degree).

Other

- Diabetes Fund
- Humanitarian Fund
(Employee Emergency Assistance)
- Pharmacy Education Fund
- Pastoral Care

Thank you for your pledge. Your contribution really does make a difference!
 Regional One Health Foundation is the charitable, non-profit 501(C) III fundraising arm for Regional One Health.
 Donations to Regional One Health Foundation are tax deductible to the extent allowed by law.
 Regional One Health Foundation office is located in AG65.
 Phone: (901) 545-6006