

TEAMMATE GIVING CAMPAIGN PLEDGE FORM



COVID-19 RESPONSE FUND

When you give to the Cabarrus Healthcare Foundation you are choosing to give **YOUR GIFT** to **YOUR HOSPITAL**.

Today's Date

Name (as I wish to be listed in any print or electronic publications)

Employee #

Atrium Health Cabarrus Department/Clinic

Home Address

City

State

Zip

Email

Phone

Cell

Home

I wish for my gift to remain anonymous.

Signature

(Please type your name for your signature)

PLEASE USE MY GIFT FOR:

PAYROLL DEDUCTION OPTIONS

Your gifts through payroll deduction are considered a continuous donation. Every teammate who gives at a level of \$2.00 or more per pay period will also receive a complimentary gift each year.

NEW DONOR

I want to **BEGIN** payroll deduction.

Per pay period, I would like to support at

OR enter a specific amount:

OTHER \$ _____ (per pay period)

STOP \$ _____ START \$ _____

CURRENT DONOR

I want to **INCREASE** payroll deduction **TO:**

Per pay period, I would like to support at

OR enter a specific amount:

OTHER \$ _____ (per pay period)

All gifts are tax deductible to the fullest extent of the law. Cabarrus Healthcare Foundation provides no goods or services for your kind gift. Please return this form to the Cabarrus Healthcare Foundation.

Forms can be emailed to NorthEastFoundation@AtriumHealth.org

For questions please visit our website CabarrusHealthcareFoundation.org, call 704-403-1369, or email Jon.Sauter@AtriumHealth.org.