

MOVING FORWARD GIVING BACK

Employee Giving Campaign

Employee Giving Program 2023 Pledge Form

Name _____

I wish to remain anonymous

Employee ID _____

I would like to make my gift in memory of in honor of

Home address _____

City _____ State _____ Zip _____

Send notification to: _____

Preferred Phone _____

Dept. / Office _____

Corporate Matching Gifts: Do you or your spouse work for a company that matches charitable gifts? If yes, please check with the HR department for a matching gift form.

Yes! My gift will be matched.

Payment Options

Payroll Deduction

Employee Name: _____

I pledge \$ _____ per pay period, ongoing

Or for one year three years other _____

Employee signature: _____ Date: _____

Please use my gift for:

- Employee Care Fund
- Rochester Regional Health: Priority Needs
- Clifton Springs Hospital & Clinic
- Newark-Wayne Community Hospital
- Rochester General Hospital
- United Memorial Medical Center
- Unity Hospital
- Other _____

Credit Card (Please complete the following section):

Please charge my credit card one time for \$ _____

Please charge my credit card \$ _____ monthly

MC/VISA/AMEX/DISCOVER # _____

Exp. Date _____ CSV _____

Name as it appears on card _____

Signature (required) _____

Online



Check

Payable to the *RRH Foundation*

How Your Gift Adds Up

Per Paycheck Contribution	Annual Gift
\$58.00	\$1,508
\$38.50	\$1,001
\$30.00	\$780
\$25.00	\$650
\$19.25	\$500
\$15.38	\$400
\$11.60	\$300
\$5.00	\$130
\$3.85	\$100
\$2.00	\$52
\$1.00	\$26

Questions?

Visit rrhgive.org/team

To view the complete list of giving options visit rrhgive.org/fundlist.

Please return completed form in the envelope provided.

Department use only: Current PD pledge ends on: _____ This PD pledge will begin on paydate: _____ File Date: _____