

The 2020 Employee Giving Campaign at Hartford Hospital will support the areas within the hospital that need it most. Gifts of greatest need provide us with the flexibility to prioritize the needs of our patients and staff, react to unforeseen challenges and take advantage of opportunities that lie on the horizon.

Please help us reach our goal of \$100,000 by joining your fellow colleagues in making a gift today. From nursing education to costly equipment that needs replacing, your generosity provides Hartford Hospital the opportunity to respond to those needs. For more information on different giving opportunities, please email [HHPPhilanthropy@hhhealth.org](mailto:HHPPhilanthropy@hhhealth.org).

Name: _____	
Department: _____	Employee ID#: _____
Home Mailing Address: _____	
City: _____	State: _____ Zip: _____
<input type="checkbox"/> I wish for this gift to be anonymous	Signature: _____

**Option 1: Payroll deduction (minimum of \$2 per pay period)**

I would like to have \$\_\_\_\_\_ deducted from my paycheck (bi-weekly) each pay period.

Bi-weekly Payroll Deduction Amount	Based on 26 pay periods per year
\$2	<b>\$52</b>
\$5	<b>\$130</b>
\$10	<b>\$260</b>
\$19	<b>\$500</b>
\$38	<b>\$1,000</b>
\$50	<b>\$1,300</b>

Your deduction will rollover each year and will continue as stated, regardless of place of employment within Hartford HealthCare, until you tell us otherwise.

**Option 2: One time gift**

My gift of \$\_\_\_\_\_ is enclosed.

Check (payable to Hartford Hospital)

Credit Card

\_\_\_ Visa      \_\_\_ MasterCard      \_\_\_ American Express      \_\_\_ Discover

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code #: \_\_\_\_\_

One time gifts can also be made online at <http://giving.hartfordhospital.org/employeegivingcampaign>

**You may send this form by interoffice mail to the Philanthropy Department, fax to 860-545-2800, or scan and email to [HHPPhilanthropy@hhhealth.org](mailto:HHPPhilanthropy@hhhealth.org).**