



Employees Giving Campaign

FY2017 PLEDGE FORM

Connect to healthier.™ *The Employees Giving Campaign is an outreach effort by a group of employee volunteers to encourage everyone on the Hartford Hospital team to make charitable contributions in support of the programs and services provided by the hospital. Every employee is invited to participate, and can submit their donations at any point in the year. Payroll deductions will rollover from year-to-year unless we hear from you.*

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

Full Dept. Name: _____ Employee ID #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

I wish for my gift to remain anonymous:

Signature: _____

Payroll Deduction (must be a minimum of \$2 per pay period):

I want to BEGIN payroll deduction:

Per pay period, I would like to support at:

_____ \$ 2 _____ \$ 4 _____ \$ 8 _____ \$25 _____ \$ 50 _____ \$ 75

_____ Other \$ per pay period

I want to INCREASE my payroll deduction TO:

Per pay period, I would like to support at:

_____ \$ 4 _____ \$ 8 _____ \$ 12 _____ \$50 _____ \$ 100 _____ \$ 150

_____ Other \$ per pay period

One-Time Gift:

(one time gifts can also be made online at <http://giving.harthosp.org/employeesgivingcampaign>)

____ Enclosed is my gift of cash or check for \$ _____. (Please make check payable to Hartford Hospital.)

____ I would like to use my: ____ Visa ____ MasterCard ____ American Express ____ Discover

Please charge \$ _____ to my credit card.

Card Number _____ Expiration Date: _____ Security Code #: _____

Signature: _____

Please Direct My Gift to Support: (Optional; you may pick one fund)

Unless otherwise instructed, your gift will be directed to Areas of Greatest Need and will provide an unrestricted gift that can be put to immediate use wherever it's needed most – including enhancing programs and services that lead to better care for every single one of our patients. For more information on different giving opportunities, please call 860-972-2322.

____ Areas of Greatest Need ____ Helen & Harry Gray Cancer Center ____ Henry Low Heart Center

____ Institute of Living ____ Nursing Quality and Education ____ Brownstone Relocation

You may send this form by interoffice mail to Fund Development, or fax to 860-545-2800. Please call Jennifer Coutu 860-972-2969 if you have any questions.

Thank You!!