



Annual Giving Employee Payroll Deduction Form

Please complete this form to establish how much to deduct from your pay each pay period to support the **Premier Community HealthCare Annual Giving Care Fund**. Please print clearly in blue or black ink.

NAME:

Make my gift anonymous: ☐

SITE:

EMAIL:

PHONE#:

ADDRESS:

CITY/STATE/ZIP:

THIS GIFT IS IN HONOR ☐ MEMORY ☐ OF:

SEND ACKNOWLEDGEMENT TO:

Level	Gift Supports	Donor Benefits
\$1–\$49	Oral health outreach and preventive care for a child	Thank you letter gift acknowledgement and “proud supporter” window cling.
\$50–\$99	A medical or dental visit for an uninsured patient	Benefits of above level, plus Pay-Day Friday Jeans Days in 2021 .
\$100–\$499	Two medical visits with labs for an uninsured patient	Benefits of above levels, plus recognition in Annual Report.
\$500–\$999	The cost of prenatal care for an uninsured woman	Benefits of above levels, plus invite to donor appreciation events.
\$1,000 – \$2,499	The annual cost of care for two patients	Benefits of above levels, plus invite to Annual CEO Roundtable.
\$2,500+	The cost of medical or dental equipment	Benefits of above levels and recognition on Premier Donor Wall.

2 WAYS TO GIVE

REOCCURRING PAYROLL DEDUCTION

Amount per pay period for each giving level

Formula: # of Pay Periods ÷ \$ Gift Total = Payroll Deduction Amount

Over the _____ remaining 2021 pay periods, I pledge a payroll deduction gift of (\$1 minimum) \$_____ for a total gift of \$_____ to the Premier Community HealthCare Care Fund. I give authorization to deduct the amount indicated from pay each pay period. I understand that this deduction will continue until I notify the Development Department by written notice to cancel it.

ONE-TIME DONATION

Amount: \$ _____

Payment Options: ☐ Cash ☐ Check ☐ Payroll Deduction (payable to Premier Community HealthCare)

Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx. Card#: _____

Exp Date: _____ CVV: _____

Or visit PremierHC.org/Donate to make a secure online donation.

☐ No, thank you. I do not wish to give.

SIGNATURE:

DATE:

Please return this completed form to Lisa DeMello, Resource Development Specialist at ljdemello@hcnetwork.org or by interoffice mail.