



Contribution by Payroll Deduction Authorization

Employee Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Employee Number: _____ Department Name: Emergency Medicine

Hospital/Department Number: 21-x x x-9501: 548, 592, 644, 462, 463, 464, 465, 503

I authorize the following amount to be deducted from my bi-weekly pay checks or a one-time deduction until the specified goal amount is reached.

- Bi-weekly Deduction Amount: \$ 25 50 75 100 Other _____
- One-time Deduction Amount: \$ _____
- Total Goal Amount: \$ _____

Please allocate my contribution to one of the following areas:

- Academics
- Cancer Center
- Children's Hospital
- Children's Miracle Network
- Employee C.A.R.E. Fund
- Greatest Current Need
- Heart Institute
- Roger C. Peace Hospital – Rehabilitation
- Women's Hospital
- Other (please specify): Emergency Medicine Development Fund 10-999123-372691

For more information, please call the Office of Philanthropy and Partnership at (864) 797-7743.

Employee Signature: _____ Date: _____

For Payroll Use Only

No. 55 PRISMA FUND 09 Freq AMOUNT \$ _____ GOAL \$ _____ Utility 0000100