

PLEDGE FORM



COMMUNITY HEALTH CHARITIES®

TELL US ABOUT YOURSELF

EMPLOYER _____ EMPLOYEE I.D. _____ M F BIRTH YEAR _____
 (MR/MRS/MS/DR) FIRST NAME _____ MI LAST NAME _____ (JR/SR/OTHER) _____

HOME ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____

EMAIL _____
 PHONE HOME MOBILE _____ SPOUSE/PARTNER TO ENSURE PROPER RECOGNITION _____

COMMUNITY HEALTH CHARITIES WILL NOT SELL YOUR INFORMATION OR SHARE WITH THIRD PARTIES WITHOUT YOUR PERMISSION

MAKE YOUR CONTRIBUTION

PAYROLL DEDUCTION	OR	ONE TIME CONTRIBUTION	OR	CREDIT/DEBIT CARD
\$ _____ <input checked="" type="checkbox"/> PAY PERIODS PER YEAR <input type="checkbox"/> ONE TIME PAYROLL DEDUCTION <small>UNLESS NOTED BY EMPLOYER, PAYROLL DEDUCTIONS WILL BEGIN IN THE NEXT CALENDAR YEAR</small>		ATTACHED <input type="checkbox"/> CASH <input type="checkbox"/> CHECK \$ _____ CHECK NO. _____ DATE ____ / ____ / ____ <small>MAKE CHECKS PAYABLE TO COMMUNITY HEALTH CHARITIES</small>		\$ _____ <input type="checkbox"/> ONE TIME <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY CREDIT/DEBIT CARD NUMBER (VISA, MC, DISCOVER, AMEX) _____ EXPIRATION DATE ____ / ____ CVV _____ <input type="checkbox"/> CHARGE UPON RECEIPT <small>IF NOT CHECKED, CHARGES WILL BEGIN IN THE NEXT CALENDAR YEAR</small>

SIGNATURE (REQUIRED TO PROCESS PLEDGE) PLEASE DO NOT CONTACT ME PLEASE DO NOT SHARE MY NAME WITH MY DESIGNATED CHARITY

_____ Date _____ **TOTAL GIFT** _____

CHANGING LIVES. HEALTH MATTERS. JOIN US. THANK YOU FOR JOINING US IN CHANGING THE LIVES OF OUR NEIGHBORS IN NEED.

DESIGNATE YOUR GIFT

TO COMMUNITY HEALTH CHARITIES FOR SUPPORT OF OUR MEMBER CHARITIES	OR	TO A SPECIFIC CHARITY OR FUND
\$ _____		CHARITY/FUND NAME _____ CHARITY/FUND NAME _____ CHARITY/FUND NAME _____ CODE _____ \$ _____

IMPORTANT TAX INFORMATION: Per IRS Notice 2006-110, please retain a copy of this pledge form for your tax records. For payroll deduction gifts, this pledge form and a copy of your check stub should meet IRS requirements. Consult your tax professional for circumstances that relate to your specific case.