

/healthcharities in /company /communityhealth-charitie:

SCOTT COUNTY

For more information about

Community Health Charities:

About You				
Date:	Employee ID:			
First Name:		Middle Initial:	Last Name:	
Address:				
Email:		Phone:		
Initial to Remain Anonymou	JS:			
Pledge/Billing Inform	mation			
Payroll Deduction – I autho	rize my employer to	withhold:		
\$Per Pay Period	x 26 pay periods to n	nake a total pledge of s	\$	
New Hire Only: \$	Per Pay Period x	to make a total plee	dge of \$	Starting Date:
\$ One Time Payr	oll Deduction			
Direct my pled		alth Charities to use in	supporting all of our	r member charities.
Direct my pledge to the foll				
Agency ID: Agency ID: Agency ID:	Amount: Amount: Amount: Amount:	Agei Agei Agei	ncy ID: ncy ID: ncy ID:	Amount: Amount: Amount: Amount: Amount: Amount: Amount:
				ivingmatters365.org/ccgifts Please gift is added to the total campaign
Processing Informat	ion and Authori	zation		
Changing Lives. Health Mat Would you like to receive a I give Community Health Cl	n email acknowledge	ement of your gift? Yes	: No:	ur neighbors in need. d charities. Yes: No:
Signature:	Date:			
IMPORTANT TAX INFORMATION	: Per IRS Notice 2006-110), please retain a copy of thi	is pledge form for your ta	ax records. For payroll deduction gifts, this rcumstances that relate to your specific case

healthcharities.org | 800.654.0845 📑 🎔