



# EMPLOYEE EMERGENCY FUND

## Pledge Form

Mr.  Mrs.  Ms.  Dr.

Name \_\_\_\_\_ Home Address \_\_\_\_\_

Badge No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_ oHome oWork oMobile

Preferred Email \_\_\_\_\_

How would you like your name listed in print?  
\_\_\_\_\_  
\_\_\_\_\_

### SELECT A DONATION AMOUNT

**A** I would like to make a donation of \$\_\_\_\_\_ or \$\_\_\_\_\_.\_\_\_\_\_ per pay period (based on 26 pay periods)  
I would like my payroll deductions to start on \_\_\_\_/\_\_\_\_/\_\_\_\_  
date

All payroll deductions will begin on the 1<sup>st</sup> payroll after the form is processed by Human Resources unless otherwise indicated.

<input type="radio"/> \$200 per payroll (\$5,200/year)	<input type="radio"/> \$50 per payroll (\$1,300/year)	<input type="radio"/> \$15 per payroll (\$390/year)
<input type="radio"/> \$100 per payroll (\$2,600/year)	<input type="radio"/> \$25 per payroll (\$650/year)	<input type="radio"/> \$10 per payroll (\$260/year)
<input type="radio"/> \$75 per payroll (\$1,950/year)	<input type="radio"/> \$20 per payroll (\$520/year)	<input type="radio"/> \$5 per payroll (\$130/year)

**B** I authorize a one-time payroll deduction in the amount of \$\_\_\_\_\_.\_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
date

**C** My gift is enclosed in the amount of \$\_\_\_\_\_.\_\_\_\_\_ (Please make checks or money orders payable to the Grady Health Foundation)

[Donate by credit card online at gradyhealthfoundation.com/employee](https://www.gradyhealthfoundation.com/employee)

### DESIGNATION

- Employee Emergency Fund** to help fellow Grady employees in times of unexpected crisis or hardship.

### SIGNATURE

### DATE

By signing this form you authorize Grady Health System to deduct the above amount via payroll deduction.

/ /

### THANK YOU FOR YOUR SUPPORT!

Payroll deduction donations will renew automatically unless otherwise indicated by the employee.  
You may change or stop payroll deduction at any time with a written request to the Human Resources Department.

**Return completed forms to the Grady Health Foundation - [gradyhealthfdn@gmh.edu](mailto:gradyhealthfdn@gmh.edu).**

**For more information, please contact Miriam Smith, Manager of Fundraising Programs at [msmith13@gmh.edu](mailto:msmith13@gmh.edu).**