

PLEDGE FORM



TELL US ABOUT YOURSELF

EMPLOYER M F EMPLOYEE I.D. 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

PAY PERIODS PER YEAR

ONE TIME PAYROLL DEDUCTION

UNLESS NOTED BY EMPLOYER, PAYROLL DEDUCTIONS WILL BEGIN IN THE NEXT CALENDAR YEAR

ONE TIME CONTRIBUTION

ATTACHED

CASH CHECK

\$ _____

CHECK NO. _____

DATE ____ / ____ / ____

MAKE CHECKS PAYABLE TO CHC: CREATING HEALTHIER COMMUNITIES

OR

CREDIT/DEBIT CARD

STEP 1: Go to <https://info.chcimpact.org/givenow/pledge> to securely enter your credit card information and one-time (or reoccurring) pledge amount.

STEP 2: Enter Transaction Number: _____

STEP 3: Return signed pledge form to coordinator.

(Reoccurring pledge will occur for 12 month period)

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 CHC: CREATING HEALTHIER COMMUNITIES FOR SUPPORT OF OUR MEMBER CHARITIES

\$ _____

OR

TO A SPECIFIC CHARITY OR FUND

CHARITY/FUND NAME	CHARITY/FUND NAME	CHARITY/FUND NAME
CODE	CODE	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.