

Denver Health Foundation Employee Giving Campaign Enrollment Form

Return via interoffice mail to MC0111 or e-mail it to Foundation@dhha.org.

Yes. I want to see my contribution at work! Please sign me up for the payroll deduction program. I understand that this is a pledge, and as such, I can increase, decrease, or stop it at any time. My contribution will automatically be deducted from each of my paychecks beginning in January 2010.

I authorize the amount shown to be deducted from my paycheck. Please circle your choice or fill in the amount:

\$1 per paycheck = \$26 per year

\$5 per paycheck = \$130 per year

\$25 per paycheck = \$650 per year

\$50 per paycheck = \$1,300 per year

\$ _____ per paycheck x 26 pay periods = \$ _____ total per year

I prefer to make a one-time gift of \$ _____ to be deducted from the first paycheck in January, check yes: , or my check payable to the Denver Health Foundation is attached, check yes:

Please direct my gift to the following fund: (Note: in order to choose more than one fund you must contribute at least \$1 per paycheck for each fund that you choose.)

	Amount per paycheck
Unrestricted Fund	\$ _____
Newborns in Need Fund (Baby Shower Project)	\$ _____
Patient Assistance Fund	\$ _____
Reach Out and Read Fund	\$ _____
24/7 Fund	\$ _____
Other program (please specify) _____	\$. _____

Endowments:

Distinguished Chair in Medicine \$ _____; Endowed Chair in Behavioral Health \$ _____; Peter Rosen Distinguished Chair in Emergency Medicine \$ _____; Endowed Chair in Orthopaedics \$ _____; Endowed Chair in Pediatrics \$ _____; Urology Endowment \$ _____; Wellington E. Webb Endowed Chair in Community Health \$ _____

TOTAL AMOUNT: \$ _____

Name (please print)

Home Address

City State Zip

Work Phone Department

E-mail

Signature Date

I wish to remain anonymous in all listing of donors to the Foundation.