

EMPLOYEE GIVING CAMPAIGN 2024



One-time Donation by Check:

Enclosed is my check in the amount of \$_____ payable to the Edward Foundation.

Payroll Deduction*:

I authorize the following amount to be deducted from each pay period (26 pay periods), for one year, beginning Jan. 11, 2024:

Deduction for each of 26 pay periods = **Total amount for year**

___ \$10 = \$260
___ \$15 = \$390
___ \$20 = \$520
___ \$25 = \$650
___ \$50 = \$1,300

▶ Dollar-a-Work Day or more makes you eligible for our raffle of great prizes and an Arctic Zone travel mug.

___ \$ _____ Other amount to be deducted over 26 pay periods

Signature of Employee _____

Employee ID # _____

(Last Name, First Name)

(Employee ID)

(Department Number)

(Department Name)

I Wish to Direct My Gift to: (check one)

- ___ (Unrestricted) Area of Greatest Need
___ Animal Assisted Therapy
___ Cancer
___ Cardiology
___ Care Center (for child and adolescent abuse victims)
___ Linden Oaks
___ Neurosciences
___ Bereavement Room/SHARE Program
___ Other: _____

Questions?

Please call the
Edward Foundation at
(630) 527-3954
or email
Edward.Foundation@EEHealth.org

Healthy Driven
Edward
FOUNDATION

*Note:

- 1) If a deduction is not taken from your paycheck in any given pay period, you agree to have the missed deduction taken from your next paycheck, plus one arrears deduction, until your pledge is made current.
- 2) Due to the varying work schedules and paychecks, PRN and Registry staff members are encouraged to consider methods of donating other than automatic payroll deduction.

The Edward Foundation is a non-profit 501(c)(3) organization, FEIN# 36-3723705. Your donations are deductible to the extent allowed by law.