

EMPLOYEE GIVING CAMPAIGN 2022



One-time Donation by Check:

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

Payroll Deduction*:

I authorize the following amount to be deducted from each pay period (26 pay periods), for one year, beginning Jan. 13, 2022:

Deduction for each of 26 pay periods	=	Total amount for year	
___ \$10	=	\$260	▶ Dollar-a-Work Day or more makes you eligible for our raffle of 26 great prizes and a UV-C phone sanitizer and charger.
___ \$15	=	\$390	
___ \$20	=	\$520	
___ \$25	=	\$650	
___ \$50	=	\$1,300	
___ \$ _____			Other amount to be deducted over 26 pay periods

Signature of Employee _____

Employee ID # _____

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

- ___ (Unrestricted) Area of Greatest Need
- ___ Cancer
- ___ Cardiology
- ___ Diabetes Learning Center
- ___ Healing Rooftop Gardens
- ___ Nursing Education
- ___ Transformative Patient Experience
- ___ Other: _____

(Last Name, First Name)

(Employee ID)

(Department Number)

(Department Name)

Questions?

Please call the
EMH Foundation at
(331) 221-4483
or email
Elmhurst.Foundation@EEHealth.org

Healthy Driven™
Elmhurst Memorial Hospital
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.