

EMPLOYEE GIVING CAMPAIGN 2024



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 11, 2024:

Deduction for each of 26 pay periods	=	Total amount for year
___ \$10	=	\$260
___ \$15	=	\$390
___ \$20	=	\$520
___ \$25	=	\$650
___ \$50	=	\$1,300
___ \$ _____	=	Other amount to be deducted over 26 pay periods

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

Signature of Employee _____

Employee ID # _____

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

- ___ (Unrestricted) Area of Greatest Need
- ___ Cancer
- ___ Cardiology
- ___ Diabetes Learning Center
- ___ Neurosciences
- ___ Nursing Education and Staff Development
- ___ Rooftop Healing Gardens
- ___ 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.