



Med Center Health Foundation

ECHO (Employees Contributing to Help Others)

100% of your gift supports MedCenter Health Foundation Initiatives.

All administrative costs are funded by MedCenter Health.
Your donation is tax-deductible and will be listed at year end on your W-2.

**SEND ORIGINAL FORM TO:
KATHY SMITH - MED CENTER HEALTH FOUNDATION**

Name: _____ Employee #: _____
(Please print name as you want it to appear on donor listings.) Anonymous

Home Address: _____

City: _____ State: _____ Zip: _____

Entity: TMC at Bowling Green TMC at Scottsville TMC at Franklin TMC at Caverna TMC at Albany

CHC CRSH **Department:** _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Yes, I want to support Med Center Health Foundation's mission through payroll deduction as indicated below:

NEW MEMBER

Total Amount to be Deducted Per Pay Period:

- \$1 per pay period \$5 per pay period
- \$2 per pay period \$10 per pay period
- \$3 per pay period \$20 per pay period
- 1 hour of pay per pay period (Hour Club)

CURRENT MEMBER (Pledge Amount: \$ _____)

Increase Amount By:

- \$1 per pay period \$5 per pay period
- \$2 per pay period \$10 per pay period
- \$3 per pay period \$20 per pay period
- 1 hour of pay per pay period (Hour Club)

New Amount to be Deducted Per Pay Period: \$ _____

All donations will begin with the next pay period.

T-Shirt Size _____

Gift Designation:

- Hospitality House
- Community Clinic and The Dental Clinic
- Cancer Program
- Health Sciences Complex
- Commonwealth Regional Specialty Hospital
- Cal Turner Rehab & Specialty Care
- The Medical Center Scottsville
- The Medical Center Franklin
- The Medical Center Albany
- The Medical Center Caverna
- Greatest Need
- Other _____

*More than one fund designation can be chosen and your donation will be split equally between them.

Signature _____ Date _____

For more information, call (270) 796-6519 or kasmith@mchealth.net

My signature confirms I will remain in the ECHO program for one year from the date above unless my employment shall cease. This deduction will remain in effect until I revoke in writing.