



COMMONWEALTH
HEALTH FOUNDATION

“I gave at the office!”

Employees Contributing to Help Others



Name: _____ Employee #: _____
(Please print name as you want it to appear on donor listings.) I do not wish for my name to appear on donor listings.

Home Address: _____

City: _____ State: _____ Zip: _____

CHC Entity: The Medical Center at Bowling Green The Medical Center at Scottsville The Medical Center at Franklin
 CHC Other: _____ Dept: _____

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

Email Address: _____

____ Yes, I want to support Commonwealth Health Foundation’s mission through payroll deduction as indicated below:

- New Member
- Current Member (Current pledge: \$ _____)
 - Increase Decrease

Payroll deduction

Amount of Gift:

- 1 hour of pay per pay period
- \$40 per pay period \$5 per pay period
- \$20 per pay period \$3 per pay period
- \$10 per pay period \$2 per pay period
- \$ _____ per pay period \$1 per pay period

Gift Designation:

- Commonwealth Health Free Clinic
- The Hospitality House
- 50/50

One-time donation

Method of Payment for one-time donation

- I would like to make a gift of \$ _____
- My check/cash is enclosed
(Make check payable to Commonwealth Health Foundation)
- Please charge my gift to MasterCard/Visa
CC#: _____ Exp. date _____

Signature _____ Date _____

For more information, call Commonwealth Health Foundation at (270) 796-6519
or visit www.CommonwealthHealthFoundation.org

Contributions are tax deductible as allowed by current law. Commonwealth Health Foundation recommends that you check with your tax advisor regarding your individual tax circumstances and the deductibility of your gift. Pledges will remain in effect until revoked in writing.

The measure of a life is not in how long one lives; it is in how much one gives. – ANONYMOUS