

Eat Your Heart Outside



Name _____

Address _____

City _____ State _____ Zip _____

Employee # _____ Department # _____

Name as you prefer to be recognized on our campaign plaque _____

IT'D LIKE TO SUPPORT THE GOOD SAMARITAN HOSPITAL EMPLOYEE CAMPAIGN WITH THE FOLLOWING GIFT:

OPTION 1

Payroll Deduction

Hour Club - Full-Time Employees

I authorize one hour of pay to be deducted from my TriHealth paycheck each pay period for 26 pay periods beginning July 8, 2010.

Hour Club - Part-Time Employees

I authorize 1/2 hour of pay to be deducted from my TriHealth paycheck each pay period for 26 pay periods beginning July 8, 2010.

OPTION 2

I authorize \$_____ to be deducted from my TriHealth paycheck each pay period for 26 pay periods beginning July 8, 2010.

I authorize \$_____ to be deducted from my TriHealth paycheck on July 8, 2010.

OPTION 3

GTB Deduction

I authorize TriHealth to deduct ____ hours of GTB on 6/10/10. (Maximum of 40 hours) (taxable event)

OPTION 4

Direct Payment

Gift Enclosed: \$ _____

Please make checks payable to: *Good Samaritan Hospital Foundation*

Please charge my gift to my credit card. Gift Amount: \$ _____

American Express MasterCard VISA Discover

Account Number: _____ Exp. Date: _____

Name as it appears on card: _____

I would like my gift

IN HONOR OF _____

IN MEMORY OF _____

Please send notification of this tribute gift to:

Name _____

Address _____

City, State, Zip _____

Relationship to above _____

Signature _____ Date _____

Please return your pledge card to the Good Samaritan Hospital Foundation by May 25, 2010 to ensure timely processing. Thank you for your support!



Good Samaritan Hospital
FOUNDATION
*Ensuring Compassionate Care
That Will Last A Lifetime*