



Thank you for your support!
Your donation is tax-deductible.

Employee Giving Campaign

Name _____ Home Address _____
Employee Number _____ City, State Zip _____
Facility _____ Department Name and # _____
Preferred Email Address: _____ Phone: _____

Tell us how you want to give

A. Payroll Deduction or Personal Leave Options – the best ways to give

Select your payroll deduction amount

OR

Select your personal leave deduction

- \$2 per payroll / \$52 per year
\$5 per payroll / \$130 per year
\$10 per payroll / \$260 per year
\$25 per payroll / \$650 per year
Other: \$ _____ per payroll X 26 = \$ _____ per year

I authorize a one-time donation of _____ personal hours.
The donation amount is net of appropriate taxes.

B. One-Time Donation Option

Select Payment Method

- Check (payable to Broward Health Foundation)
Cash

Credit Card Donations

Credit card donations are accepted through the Broward Health Foundation website at www.browardhealthfoundation.org/empgiving

Enter your donation amount

\$ _____

Tell us how you want your gift directed

Your gift will directly benefit the facility where you work. If you want to direct your gift to a different facility, please indicate your selection below.

- Broward Health Foundation
Broward General Medical Center
Chris Evert Children’s Hospital
Coral Springs Medical Center
Imperial Point Medical Center
North Broward Medical Center
Broward Health Weston
Community Health Services Primary Care
Gold Coast/Hospice
Gold Coast/Home Health

Special Recognition

An annual gift of \$250 or more qualifies you for special recognition in the Heroes and Hearts Society.

Please indicate below if your gift qualifies you for one of these levels.

- Giving Heart: \$250-\$499
Generous Heart: \$500-\$999
Honorable Hero: \$1,000-\$2,499
Star Hero: \$2,500-\$4,999
Incredible Hero: \$5,000 and above

Please Sign and Date

Signature –required (your signature authorizes your commitment)

Date

Check here if you DO NOT want your name listed on any printed materials in recognition of your gift.

A copy of the official registration (CH12239) and financial registration may be obtained from the Division of Consumer Services by calling 800-435-7352 toll-free within Florida. Registration does not imply endorsement or recommendation by the state.

Return this form to your HR Department