



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 Health Weston
Broward General Medical Center
Community Health Services Primary Care
Chris Evert Children's Hospital
Gold Coast/Hospice
Coral Springs Medical Center
Gold Coast/Home Health
Imperial Point Medical Center
Children's Diagnostic & Treatment Center
North Broward Medical Center

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

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 the Broward Health Foundation