Broward Health Employee Giving Campaign  
Broward Health Initiatives + United Way  

You are encouraged to make your gift online at MyPlace, but please use this document if you prefer to submit your gift with a paper form.

Tell us how you want to give

A. Payroll Deduction
  - $2 per payroll / $52 per year
  - $5 per payroll / $130 per year
  - $10 per payroll / $260 per year
  - $20 per payroll / $520 per year
  - $25 per payroll / $650 per year
  - $40 per payroll / $1,040 per year
  - $50 per payroll / $1,300 per year
  - Other: $_____ per payroll X 26 = $____ per year

(Note: Gifts of $1,000 or more qualifies for membership in the Broward Health Foundation President’s Council. Gifts of $600 or more directed to Children’s Diagnostic and Treatment Center qualifies for membership in Transformers.)

B. Personal Leave (PL) Deduction
  - I authorize a one-time deduction of _____ PL hours. (Donation is PL hours times hourly rate; less appropriate taxes)

C. Check/Cash/Credit Card Donation
  - Check (payable to Broward Health Foundation)
  - Cash $_______
  - Credit Card – visit donate.browardhealthfoundation.org/employee-giving or call 954-712-3980

Tell us how you want your gift directed (Gifts of $50 or more may select more than one option*)

- **Broward Health Facility** – Provides unrestricted dollars to the facility of your choice; please indicate your selection below:
  - __Broward Health Foundation__
  - __Broward Health Medical Center__
  - __Salah Foundation Children’s Hospital__
  - __Broward Health Coral Springs__
  - __Broward Health Imperial Point__
  - __Broward Health North__
  - __Broward Health Weston__
  - __Community Health Services__
  - __Gold Coast Home Health/Hospice__
  - __Children’s Diagnostic & Treatment Center__

- **Broward Health Employee Emergency Relief Fund** – Provides financial assistance to Broward Health employees who are experiencing a financial hardship or crisis.

- **United Way of Broward County** – Provides support to hundreds of programs in Broward County that address the health, education and financial stability of every person in our community.

*If directing your gift to more than one option above, your gift will be divided equally between your selections. However, if you wish to change that calculation, please provide instructions in space below.

Please Sign (required) to authorize your commitment ____________________ Date____________

Return this form to your HR Department by Friday, April 23rd.