BROWARD HEALTH FOUNDATION

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

Broward Health Employee Emergency Relief Fund Contribution Form

Employee Name_____

Employee Number_____ Facility_____

Please indicate your gift below:

A. Recurring 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

B. One Time Payroll Deduction

I will donate $_____ through a one-time payroll deduction.

C. Check

Attached is a check $_____ (payable to "Broward Health Foundation")

D. Credit Cards

To make a credit card donation, visit www.browardhealthfoundation.org and click on "Make a Donation" tab, and then select "Employee Emergency Relief Fund " from the designation drop down menu.
You may also call the Foundation at 954-712-3980 to make a credit card gift over the phone.

Please Sign and Date

Signature –required (your signature authorizes your commitment) Date

Return form to the Broward Health Foundation
by email to abmiller@browardhealth.org
or mail to Broward Health Foundation, 1201 S. Andrews Ave., Ft. Lauderdale, FL 33316