



"Saddle Up to Sunnyview"



2012 Sunnyview Employee Giving Campaign supporting The Patient Needs Scholarship Fund

Name (Please Print): _____

Extension: _____ Department: _____

1st Shift 2nd Shift 3rd Shift Other: _____

Home Address: _____

Home/Cell phone: (518) _____

Option 1: Payroll deduction:

I authorize the following deduction from my bi-weekly paycheck:

\$2 x 26 pay periods = **\$52** total annual gift

\$3 (\$78)

\$5 (\$130)

\$10 (\$260)

\$15 (\$390)

\$20 (\$520)

\$50 (\$1,300)

My gift is for ...

Patient Needs Scholarship Fund

Employee Assistance Program

Unrestricted Support

Other: _____

PONY UP FOR SUNNYVIEW - Make a one time \$10 gift

****Must donate \$2 or more per pay period to be entered into the raffle drawings.**

Payroll Perpetual Giving Option:

For as long as I work at Sunnyview, I would like my above noted gift taken out of my paycheck bi-weekly, unless I authorize otherwise.

Option 2: Cash/Check Donation:

I would prefer to make a one time cash donation of \$ _____

Option 3: Credit/Debit Card Donation:

Please charge my: Visa MasterCard in the amount of \$ _____

Once Only Monthly

Credit Card Number: _____ Expiration: _____

Signature Required (for all donations)

Date

***Please return pledge form to the Sunnyview Foundation office
on the 2nd floor or via inter-office mail. Thank you!!!***