

It starts WITH YOU. The Challenge is on.....
Employee Giving Campaign



Name: _____ Office Location/Team: _____

Home Address: _____ Email: _____

• Payroll deduction enrollment: **(beginning in July)**

I authorize \$_____ to be taken from my paycheck for #_____ of pay periods (max. 24) for a total gift of \$_____

• I'd like to make a one-time donation of \$5 \$10 \$25 \$50 \$250 Other: _____

• I would like my gift to support: Continuum of Care West Springs Hospital
 Women's Recovery Center Other: _____

• I would like to renew my payroll deduction enrollment from last year with the same terms:

I would like to make my gift in honor/ memory of Name: _____

Please send notice of my gift to: Name _____ Address: _____

Employee Signature: _____ Date: _____

Check: Please make checks payable to Mind Springs Foundation & return to Foundation Office at:
PO Box 4554, Grand Junction, Colorado 81502-4554

CC/EFT Payment or Electronic Payroll Deduction: www.MindSpringsFoundation.org/employee-giving

THANK YOU!

For more information about the employee giving campaign contact Shira at shickey@mindspringsfoundation.org