



**HORIZON HEALTH
FOUNDATION**

I wish for my gift to be anonymous.

Support what you are passionate about.

Name

Department

Email Address

Phone

GIVING OPTIONS

By Payroll Deduction

Start date will begin the first payroll period after submitting form. Deductions will continue ongoingly unless specified otherwise. Minimum of \$1.00 per payroll deduction.

Example: \$10 per pay period x 26 pay periods/year = \$260 total gift

Amount: \$_____ per pay period x _____ pay periods/year = \$_____ Total Gift

By Check

I've enclosed my one-time gift in the amount of \$_____ made payable to the **Horizon Health Foundation**.

By Credit Card

I authorize my credit card to be charged in the amount of \$_____

Card Name (please print): _____

Card Number: _____ Exp: _____ CSV: _____

GIFT DESIGNATION

PLEASE DIRECT MY GIFT TO THE FOLLOWING:

*You may designate all **or** a portion of your gift to one or more of the following areas of support.*

Behavioral Health	\$_____	Community Health & Wellness	\$_____
Recruiting & Retention	\$_____	Patient Hygiene Kits	
Educational & Professional Development	\$_____	Meals on Wheels	
Equipment & Technology	\$_____	Employee HEART Fund	\$_____
Greatest Need/Unrestricted	\$_____	TOTAL \$	_____

Authorization: I hereby authorize deduction of the amount shown above from each pay period and payment to the Horizon Health Foundation fund(s) as indicated. This authorization may be revoked by me in writing at anytime.

Signature (Electronic reply will suffice for signature)

Date

Please complete and return this form to the Foundation office to take effect the following payroll **or** complete electronically and send to Foundation@MyHorizonHealth.org

Designations or amounts can be changed at any time by contacting the Foundation Office.