



# HORIZON HEALTH FOUNDATION

OF EAST-CENTRAL ILLINOIS

2021 Employee Appeal

## Please Join Us!

Name \_\_\_\_\_

Department \_\_\_\_\_

e-mail address \_\_\_\_\_

Phone \_\_\_\_\_

### 1) Yes! I WANT TO MAKE A BIGGER DIFFERENCE AT HORIZON HEALTH!

**BY PAYROLL DEDUCTION**

I authorize the following amount to be deducted from my pay each pay period beginning \_\_\_\_\_  
Start date will begin the first payroll period of January of the following year and will remain  
in place until the pledge has been paid in full or unless revoked in writing.

Amount \$ \_\_\_\_\_ per pay period \_\_\_\_\_ X pay periods/year : \$ \_\_\_\_\_ Total Gift

Payroll deductions can only be made for 1 or 26 pay periods (Deductions begin with the first full pay period in January)  
Minimum of \$1.00 per payroll deduction.

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

Card Name (Please print): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_ CSV: \_\_\_\_\_

I wish my gift to be anonymous.

### 2) PLEASE DIRECT MY GIFT TO THE FOLLOWING FOUNDATION FUNDS:

You may designate all or a portion of your gift to one or more of the following Foundation funds.

Horizon Health Employee Heart Fund	<input type="checkbox"/>	\$ _____
Gift Designation		
_____	<input type="checkbox"/>	\$ _____
Gift Designation		
_____	<input type="checkbox"/>	\$ _____
Gift Designation		
_____	<input type="checkbox"/>	\$ _____
Gift Designation		
_____	<input type="checkbox"/>	\$ _____
Gift Designation		
	<b>code number</b>	
	<b>TOTAL</b>	\$ _____

Code #	Gift Designation	Code #	Gift Designation
1	Heart Fund (to help employees in need)	5	Physician Recruitment & Retention Fund
2	Equipment & Technology Fund	6	Behavioral Health Fund
3	Community Health Fund	7	Greatest Need/Unrestricted Use
4	Professional Development & Training Fund	8	Other (please specify above)

By checking this box your deductions to the Horizon Health Foundation of East Central Illinois will continue on an annual basis.  
Designations or amounts can be changed at any time by contacting the Foundation Office.

Please make your contribution choices and email this form to [foundation@myhorizonhealth.org](mailto:foundation@myhorizonhealth.org), or drop it off to Michelle Wilken in Administration.

### 3) 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 any time.

Signature: *electronic reply will suffice for signature* \_\_\_\_\_

Date \_\_\_\_\_