



Thank you for your contribution to the Hendricks Regional Health Foundation! Please complete the form below and return to: Hendricks Regional Health Foundation, 1000 E. Main Street, Building I, Ste 190, Danville, IN 46122

To pay online, visit SupportHendricks.org/Give2021. Questions? Contact (317) 745-7376 or Adam.Scott@hendricks.org.

DONOR INFORMATION

Donor Name: _____ Associate ID: _____
Dept. Name: _____ Location/Campus: _____
Home Address: _____
E-mail: _____ Phone: _____
Name(s) to Appear on Donor Listings: _____
 Please Keep My Gift Anonymous

FUND DESIGNATION

Greatest Needs / Grants Program Other: _____

CONTRIBUTION

I would like to make a:

Payroll Deduction: Please made deductions of \$ _____ per pay period (min. \$1 per pay period)

Continue Payroll Deductions for:

Please continue until I request to stop
 1 Year (26 pays)
 2 Years (52 pays)
 One-Time Gift
 Other: _____

PAYROLL KEY
\$3 / pay = \$78 / year
\$5 / pay = \$130 / year
\$10 / pay = \$260 / year
\$20 / pay = \$520 / year

Signature for Payroll Authorization: _____

Credit Card: Please make one-time gift of \$ _____

Credit Card Number: _____
Expiration Date (MM/YY): _____ CVC: _____
Signature for CC Authorization: _____

Check or Cash: One-time gift of \$ _____ (Payable to: HRH Foundation)

Enclosed is payment

PTO Donation: # of PTO Hours: _____ (Associates must leave min. PTO Balance of 40 hours)

Signature for Payroll Authorization: _____

HONOR / MEMORY

Please make this gift in: Honor of: Memory of: Tribute Name: _____
Name and address of person to notify of tribute gift via printed letter(optional): _____
