



2012 ANNUAL GIVING
EMPLOYEE CONTRIBUTION FORM

Please use my gift for:

Unrestricted

Oncology

Unreimbursed Care

Name/Dept.:

Payroll Deduction:

I would like to be a member of the Employee Giving Circle! I authorize 15 minutes of pay per pay period, deducted for 23 pay periods, starting November 23, 2011.

(Outright gifts may also qualify. See below.)

~OR~

Please take the following total payroll deduction: \$, which is \$ per pay period, deducted for pay periods, starting November 23, 2011 (23 pay periods maximum).

The minimum contribution for payroll deduction is \$40.00, which is \$1.74 a pay period for 23 pay periods.

SIGNATURE: DATE:

Outright Gifts:

My cash/credit card gift qualifies for the Employee Giving Circle! It is equivalent to or more than 15 minutes of pay, per pay period—over 23 pay periods.

Credit Card Contribution: (option for 2011 year-end contributions)

Please charge \$ to my Visa MasterCard or Discover

Card Number Exp. Date VTC # 3 digit # on back of card

SIGNATURE Date

Billing Address City

State/Zip Phone

Cash Contribution: (option for 2011 year-end contributions)

Enclosed is my cash contribution of:

\$40 \$60 \$150 \$200 \$500 or \$

For recognition purposes, please list my name as: PLEASE PRINT CLEARLY

I prefer my gift to be anonymous

My gift is in memory of

My gift is in honor of:

Your gift is tax-deductible as provided by law. Thank you for supporting BMH.