



# GREENVILLE HEALTH SYSTEM

## Contribution by Payroll Deduction Authorization

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Department Name: \_\_\_\_\_

Hospital/Department Number: \_\_\_\_\_

I authorize the following amount to be deducted from my bi-weekly pay checks or a one-time deduction until the specified goal amount is reached. I understand that my deduction will be applied to University of South Carolina School of Medicine Greenville scholarships.

Bi-weekly Deduction Amount: \$ \_\_\_\_\_.

One-time Deduction Amount: \$ \_\_\_\_\_.

Total Amount: \$ \_\_\_\_\_.

For more information, contact the Office of Philanthropy and Partnership at (864) 797-7736 or [Giving@ghs.org](mailto:Giving@ghs.org).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Payroll Use Only

No. 55 GHS FUND 09 Freq AMOUNT \$ \_\_\_\_\_ GOAL \$ \_\_\_\_\_ Utility 0000100