GREENVILLE HEALTH SYSTEM

Contribution by Payroll Deduction Authorization

Employee Name: _____
First Middle Last

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.

☐ Bi-weekly Deduction Amount: $ _____._____
☐ One-time Deduction Amount: $ _____._____
Total Goal Amount: $ _____._____

Please allocate my contribution to one of the following areas:

☐ Children's Hospital Radiothon

☐ Other (please specify): _____

You can submit your pledge by signing this form and emailing a scanned copy to lharris4@ghs.org or bringing it by the main lobby of Greenville Memorial Hospital during Radiothon August 9 & 10, 2018.

For more information, please call the Office of Philanthropy and Partnership at 864-797-7757.

Employee Signature: _____ Date: _____

For Payroll Use Only
No. 55 GHS FUND 09 Freq AMOUNT $ _____.____ GOAL $ _____.____ Utility 0000100

Revised: 6/23/17