



The Foundation for Knox Community Hospital

Employee Giving Pledge Form

Being ALL IN is easy! You can make your gift by payroll deduction or check. Please return your completed form to the Marketing office through inter-campus mail or email it to Abigail.Buckingham@KCH.org

REQUIRED INFORMATION

Name _____ Employee ID# _____

Home Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Email Address _____ Date _____

PAYROLL DEDUCTION DONATION OPTIONS

The gift chart shows the impact your payroll deduction gifts can make.

Annual Giving (for one year ONLY)

Total gift amount \$ _____ divided by 26 pay periods = \$ _____ (amount deducted per paycheck)

Continued Giving

By signing up for continuous giving, your payroll deduction will renew automatically until you notify The Foundation in writing of a cancellation.

\$ _____ (deduction per paycheck)

One-time gift

\$ _____ (deducted from one paycheck)

Suggested payroll deduction

Per pay period deduction	26 pay period gift total
\$5.00	\$130
\$10.00	\$260
\$15.00	\$390
\$20.00	\$520

OTHER DONATION OPTIONS

Check

My gift of \$ _____ is enclosed made payable to The Foundation for KCH

Online donation. Make a secure gift by visiting foundationkch.org/donate

FUND DESIGNATIONS

only check one box

General Fund

Care Fund - Employee Hardship

Current Capital Campaign

Signature _____

FOR FOUNDATION USE ONLY

Updated _____

Donor ID _____

