

Step 1



Name and Employee Number

Name _____

Employee Number _____

CH CMP

Step 2



Gift Amount

\$2.00 a pay period

\$5.00 a pay period

\$10.00 a pay period

\$20.00 a pay period

\$ _____

Step 3



Length of Pledge

One time gift

6 Months (13 pay periods)

1 Quarter (7 pay periods)

1 Year (26 pay periods)

EXAMPLE

Per pay period	1 quarter commitment (7 pay periods)	6 month commitment (13 pay periods)	1 year commitment (26 pay periods)
\$2	\$14	\$26	\$52
\$5	\$35	\$65	\$130
\$10	\$70	\$130	\$260
\$20	\$140	\$260	\$520

Step 4



Sign and Date

Signature _____

Date _____

Questions and completed forms can be directed to
Barb Karas, Crouse Health Foundation, x7469 or
submit this completed form by clicking the button to the right.

**SUBMIT
FORM**