

EMPLOYEE CONTACT INFORMATION

Yes, I would like to join the 2020 Employee Campaign

Name: _____ Date: _____
 Address: _____ Position: _____
 _____ Department/Unit: _____
 E-Mail: _____ Preferred Phone #: _____

PAYMENT OPTIONS (SELECT ONE)

1. Payroll Deduction: Complete this form choosing one of the three options below, or:

Go to the AHS Intranet > Locations > Overlook > Foundation > Foundation Links > Donation/Pledge Form.

Option 1: Please deduct \$_____ (minimum of \$3) per pay period (26 pay periods/year) until my retirement or unless I notify the Foundation. **With this ongoing pledge, I become a proud member of the Employee Loyalty Club.**

Option 2: I pledge a total of \$_____ through payroll deductions as follows: _____\$4; _____\$10; _____\$20; \$_____ Other per pay period for _____ pay periods, or _____ years, or _____ until my total pledge is reached.

Option 3: I'm already giving. Please change my payroll deduction donation to \$_____ per pay period.

2. Charge My Gift: Please charge \$_____ (circle one) VISA MasterCard American Express Discover

Credit Card # _____

Name (as it appears on card): _____ Exp. Date _____ CSC: _____

(Required for Processing)

Signature _____ Date _____ Phone _____

Please make this a monthly donation.

You may also visit our secure website at www.overlookfoundation.org to charge your gift.

3. One Time Gift: Enclosed is my check for \$_____, payable to Overlook Foundation

FUND DESIGNATION: PLEASE ALLOCATE MY GIFT AS FOLLOWS (PLEASE CHOOSE ONLY ONE):

<input type="checkbox"/> Highest Priority Needs	<input type="checkbox"/> Cancer Patient Supportive Services
<input type="checkbox"/> Nursing Scholarships	<input type="checkbox"/> Specific Department/ Other: (Please List)
<input type="checkbox"/> Child Care Center	

In honor of: _____ or In memory of: _____

Please send an acknowledgement to:

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

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PREFERENCE FOR RECOGNITION:

I would like my name to appear as follows: _____

I prefer to remain anonymous.

Please return your completed form to Interoffice Box #236 or scan to Amanda.Payne@atlantichalth.org or fax to (908) 522-6214.

All gifts are deductible for income tax purposes to the extent allowed by law.

Thank you for your support!