



Employee Participation Form

We're excited to share more with you about the work Cherry Health accomplishes with your gifts. Please fill out your contact preferences below to hear more about breaking barriers to health, as supported by Cherry Health Foundation.

Employee Information	
Name (include spouse, if applicable)	
Work Location & Department	
Home Address	
City, State, Zip Code	
Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
E-Mail	

- Sign me up for Foundation News!
- I want to make a gift! (See below)

Payroll Deduction
Step 1: <input type="checkbox"/> \$5 per pay period <input type="checkbox"/> \$10 per pay period <input type="checkbox"/> \$25 per pay period <input type="checkbox"/> \$_____ per pay period
Step 2 (please choose one): <input type="checkbox"/> Continuous <input type="checkbox"/> 26 pay periods (12 months) <input type="checkbox"/> Until \$_____ total is given.

Thank you for partnering with Cherry Health Foundation to support the programs and services that are important to Cherry Health patients! Your donation is tax deductible.

I/We request to be listed as Anonymous in all donor recognition.

Return this form to:
Cherry Health Foundation
Heart of the City Health Center
Or e-mail scan to: foundation@cherryhealth.com

Payroll deductions will begin the first pay period after this form is received, unless otherwise noted.

Date	Signature

Questions, or to change deductions: Kate Klemp, Annual Giving & Donor Relations Manager
 616.965.8267 or kateklemp@cherryhealth.com