



**2020 Cherry Champions Donation Form**

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

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

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

Payroll Deduction
<b>Step 1:</b> <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
<b>Step 2 (please choose one):</b> <input type="checkbox"/> Automatically-Renew Annually* <small>*receives thank you gift</small> <input type="checkbox"/> 26 pay periods (12 months) <input type="checkbox"/> Until \$_____ total is given.
<input type="checkbox"/> I/We decline the 'thank you gift'

OR

One-Time Gift
<b>Step 1:</b> <input type="checkbox"/> Gift Amount: \$_____
<b>Step 2:</b> <input type="checkbox"/> Donated Online – bit.ly/cherrychamps <input type="checkbox"/> Check for <i>Cherry Health Foundation</i> enclosed. <input type="checkbox"/> Credit Card (VISA, MasterCard, AmEx or Discover) Credit Card #: _____ Exp. Date: _____ <input type="checkbox"/> Contact me: _____

Date	Signature

**Mail completed form to:** Cherry Health Foundation  
 Heart of the City Health Center  
 100 Cherry Street SE  
 Grand Rapids MI 49503

**Or scan then e-mail to:** foundation@cherryhealth.com

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

**Questions, or to change deductions:** Laura Portko, Foundation Coordinator  
 616.965.8254 or lauraportko@cherryhealth.com