



Make a gift today

Asante employee three-year pledge form



Name (please print)

Date

Phone number

Department

Asante Employee ID #

I authorize a payroll deduction for every pay period beginning with the next scheduled pay period after Asante Foundation receives this form.

☐ \$1,500 (\$19.23 per pay period)

☐ \$1,000 (\$12.82 per pay period)

☐ \$500 (\$6.41 per pay period)

☐ \$250 (\$3.21 per pay period)

☐ My choice: _____
Divide over ____ pay periods

Please designate my gift towards:

- ☐ Cancer care
- ☐ Cardiac care
- ☐ Critical care
- ☐ Women's and children's health
- ☐ Behavioral health

- ☐ Area of greatest need at ARPMC
- ☐ Area of greatest need at ATRMC
- ☐ Area of greatest need at AACH
- ☐ Other (please indicate):

Please return your completed form to Asante Foundation via interoffice mail or email to foundationinfo@asante.org.