



Employee Three-Year Pledge Form

Investing in the future of our community

Name (please print)

Signature

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 evenly over ___ pay periods

Please designate my gift toward:

- AsanteForward (area of greatest need)
- Behavioral health
- Cancer care - regional cancer center
- Cancer care - Spears Cancer Center
- ATRMC ED Expansion
- ARMMC patient pavilion (*select below*)
 - Women's and children's hospital
 - Cardiac care
 - Critical care
 - Advanced surgical services

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