



EMPLOYEE PLEDGE FORM

AsanteForward COVID-19 Compassion Fund



Name (please print)

Signature

Date

Phone number

Department

Asante Employee ID #

I authorize a payroll deduction beginning with the next scheduled pay period after Asante Foundation receives this form. Asante Foundation will confirm your per pay period payroll deduction amount based on your donation level and duration that you indicate below.

Donation amount: \$ _____

I prefer to:

- make a one-time gift (one pay period)
- divide my gift over six months
- divide my gift over one year

Thank you!

AsanteForward COVID-19 Compassion Fund donations will help Asante meet the most urgent needs related to COVID-19 preparedness, response and patient and employee support.

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