



# THREE-YEAR EMPLOYEE PLEDGE FORM



\_\_\_\_\_  
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
- Women's and children's health
- Hospitality houses
- General fund at my hospital (*select below*)
  - ARMC
  - ATRMC
  - AACH
- Other (please indicate): \_\_\_\_\_

Please return your completed form to Asante Foundation via interoffice mail or email to [foundationinfo@asante.org](mailto:foundationinfo@asante.org). Thank you!