



## Teammate Giving Campaign Pledge Form

NorthEast Foundation depends on the tremendous support of CHS NorthEast teammates. When you give to the NorthEast Foundation you are choosing to *GIVE YOUR GIFT TO YOUR HOSPITAL*. Many teammates have been giving since NorthEast Foundation was established in 1994!

Today's Date (MM/DD/YYYY): \_\_\_\_\_

Name (As I wish to be listed in any print or electronic publications): \_\_\_\_\_

Employee #: \_\_\_\_\_ CHS NorthEast Dept. / Clinic: \_\_\_\_\_

Teammate Status (check one): \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ PRN

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ (Cell \_\_\_\_\_ Home \_\_\_\_\_)

I wish for my gift to remain anonymous:

Signature: \_\_\_\_\_

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### Payroll Deduction Options:

(Your gifts through payroll deduction are considered a continuous donation. Every teammate who gives at a level of \$2.00 or more per pay period will also receive a complimentary gift each year):

#### I want to BEGIN payroll deduction:

Per pay period, I would like to support at (please check one):

\_\_\_ \$2 (\$52/year) \_\_\_ \$3.85 (\$100/year) \_\_\_ \$5 (\$130/year) \_\_\_ \$10 (\$260/year) \_\_\_ \$20 (\$520/year) \_\_\_ \$38.50 (\$1000/year)

\_\_\_\_\_ "My Fair Share" (1 hour of pay/pay period) \_\_\_\_\_ Other \$(per pay period)

#### I want to INCREASE my payroll deduction TO:

Per pay period, I would like to support at (please check one):

\_\_\_ \$2 (\$52/year) \_\_\_ \$3.85 (\$100/year) \_\_\_ \$5 (\$130/year) \_\_\_ \$10 (\$260/year) \_\_\_ \$20 (\$520/year) \_\_\_ \$38.50 (\$1000/year)

\_\_\_\_\_ "My Fair Share" (1 hour of pay/pay period) \_\_\_\_\_ Other \$(per pay period)

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### One-Time Gift:

(One time gifts can also be made online at [WWW.GIVENORTHEASTFOUNDATION.ORG](http://WWW.GIVENORTHEASTFOUNDATION.ORG))

\_\_\_ Cash or check for \$ \_\_\_\_\_. (Please make checks payable to NorthEast Foundation.)

\_\_\_ I would like to use my: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover

Please charge \$ \_\_\_\_\_ to my credit card.

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code #: \_\_\_\_\_

Signature: \_\_\_\_\_

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All gifts are tax deductible to the fullest extent of the law. NorthEast Foundation provides no goods or services for your kind gift.

**Please return this form to the NorthEast Foundation. Forms can also be emailed to [NorthEastFoundation@CarolinasHealthCare.org](mailto:NorthEastFoundation@CarolinasHealthCare.org) or faxed to: 704-403-4167.**  
**For questions please visit our website [GIVENORTHEASTFOUNDATION.ORG](http://GIVENORTHEASTFOUNDATION.ORG) or call 704-403-1369.**