



Teammate Giving Campaign Pledge Form

NorthEast Foundation depends on the tremendous support of Atrium Health Cabarrus 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 #: _____ Atrium Health Cabarrus 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: _____

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)

One-Time Gift: (One time gifts can also be made online at 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: _____

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@AtriumHealth.org or faxed to: 704-403-4167.
For questions please visit our website GIVENORTHEASTFOUNDATION.ORG or call 704-403-1369.**

NORTHEAST FOUNDATION
Your gifts. Your hospital.