

# GROWING TOGETHER

## CAPITAL CAMPAIGN

### EMPLOYEE PAYROLL DEDUCTION PLEDGE FORM

- I support Riverwood Healthcare Center & Foundation with \$\_\_\_\_\_ to be deducted from my **bi-weekly payroll check for a period of** \_\_\_\_\_ year(s) Total contribution \_\_\_\_\_ (26 pay periods per year).
- I support Riverwood Healthcare Center & Foundation with a ONE TIME donation of \$\_\_\_\_\_ to be deducted from my **payroll check**.

Please direct my donation to the following:

- This gift is designated for the Growing Together—Capital Campaign.

*I authorize Payroll to deduct the following amount from my pay check.*

Employee Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Department \_\_\_\_\_ Extension \_\_\_\_\_

Employee  
Signature \_\_\_\_\_

- I would like to remain anonymous (optional).

Date Received \_\_\_\_\_

Withholding Code: 398 FND-GT Pledge