

Employee Pledge Form

Step 1

Name and Employee Number



Name _____

Employee Number _____

CH

CMP

Step 2

Pledge Amount



\$2.00 a pay period (\$52 a year)

\$5.00 a pay period (\$130 a year)

\$10.00 a pay period (\$260 a year)

Step 3

Length of Pledge



1 Year

4 Years

2 Years

5 Years

3 Years

Step 4

Where would you like to allocate your gift?



Annual

ED

NICU

Step 5

Sign and Date



Signature _____

Date _____

Questions and completed forms can be directed to
Barb Karas, Crouse Health Foundation, x7469 or
submit this completed form by clicking the button to the right.

**SUBMIT
FORM**