

Success Takes a Team
Employee Giving Form
Williamson Health Foundation



Name: _____ Dept: _____

Home Address City/ST/Zip: _____

Work Phone /Cell Phone: _____ Email: _____

Employees who give **\$5 or more per pay period or a one-time gift of \$130** will receive a discount code for the Williamson Health Online Store.

Automatic Payroll Deduction

Option 1 - Bi-weekly - Recurring

Please deduct \$ _____ from each of my paychecks until further notice.

Option 2 - One-time donation

Please deduct \$ _____ from my paycheck. This is a one-time donation.

We also accept cash, checks, and major credit cards.

Please direct my gift to:

Annual Fund

- Area of Greatest Need
- Other _____

(i.e., Larry Hough Employee Relief Fund Breast Health, BJIT, Cardiac, Lung Nodule, We Care or any other Williamson Health service line).

Capital Campaign

- *More for You Close to Home* Capital Campaign

Signature: _____

Date: _____

Your participation in STaT will automatically roll over into the next calendar year unless you choose to opt. out

*Please return the form to the WH Foundation or Rachel Caudle through inner-office mail
For additional questions please email rcaudle@williamsonhealth.org, or call 615.435.5147 with questions.*