

# I Give Employee Pledge Card

## Donor Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Employee #: \_\_\_\_\_ Department: \_\_\_\_\_ Ext.: \_\_\_\_\_

## Gift Information

### I would like to make my gift with:

Cash/check enclosed: \$ \_\_\_\_\_

Please charge my  
MasterCard/Visa/Discover/AmEx:  
Amount: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_  
# \_\_\_\_\_

Payroll Deduction from my bi-weekly pay in  
the amount of:

\$1/pay period

\$2/pay period

\$5/pay period

\$10/pay period

\$20/pay period

\$40/pay period

\_\_\_\_\_ per pay period

Biweekly continuously until further notice

**OR**

For \_\_\_\_\_ pay periods, for a total pledge of  
\$ \_\_\_\_\_.

Date deduction to begin \_\_\_\_\_  
(subject to payroll processing deadlines)

### Please use my gift:

**Where the need is greatest  
(unrestricted)**

**Restricted Giving Options** (please choose only up to 2)

**CVPH Family Medicine Residency**

Support this developing program which will train medical residents  
in our community and increase access to healthcare.

**Employee Education Fund/Scholarship**

Support CVPH/CVHN employees' continuing education efforts.

**Janice McLean Fund**

Provide interest-free loans to CVPH/CVHN employees who are in a  
financial emergency.

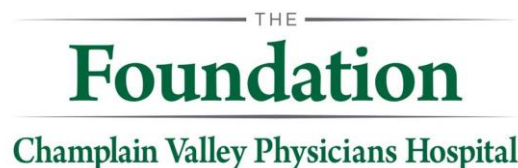
**Nursing Scholarship Fund**

Support registered nurses who are furthering their degree to a  
bachelors or masters in nursing.

**Travel Funds**

Provide travel assistance to income-eligible families who must  
travel out of the area for specialized care they cannot get at CVPH.

**Other** \_\_\_\_\_



**Authorization:** I hereby authorize the University of Vermont Health Network Champlain Valley Physicians Hospital to deduct from each of my biweekly paychecks in the above amount for the purpose of a charitable donation and to transmit such withholding amount to The Foundation of CVPH. I understand that this authorization may be revoked or modified at any time by providing a written request to the payroll office.

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

Return completed form to The Foundation of CVPH or [foundationofcvph@cvph.org](mailto:foundationofcvph@cvph.org)