



## Colleague Donation Form

Yes, I would like to support Northern Michigan Regional Hospital Foundation

Name \_\_\_\_\_  
Please indicate how you would like your name(s) to be listed in donor acknowledgement publications.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Department \_\_\_\_\_

I will give a total amount of \$ \_\_\_\_\_  Check here if you wish to remain Anonymous

Personal Check Enclosed (*please make check payable to Northern Michigan Regional Hospital Foundation*)

Payroll Deduction (*please complete option below*)

Credit Card  Mastercard Card # \_\_\_\_\_ Expires \_\_\_\_\_

Visa

American Express

Discover

Signature \_\_\_\_\_

### Colleague Payroll Deduction Pledge Option

I will pledge a total amount of \$ \_\_\_\_\_. Please use my gift for: \_\_\_\_\_

I authorize my employer to deduct the following indicated amount  \$100  \$50  \$25  \$ \_\_\_\_\_  
per pay period over the next \_\_\_\_\_ pay periods.

By my signature, I understand that the payroll department will deduct the amount as indicated above per pay period until my desired pledge has been achieved.

Colleague signature \_\_\_\_\_