



Broward Health Employee Giving Campaign
Broward Health Initiatives + United Way

You are encouraged to make your gift online at MyPlace, but please use this document if you prefer to submit your gift with a paper form.

Name _____ Employee Number _____
 Facility _____ Department _____

Tell us how you want to give

A. Payroll Deduction

- | | |
|--|---|
| <input type="checkbox"/> \$2 per payroll / \$52 per year | <input type="checkbox"/> \$25 per payroll / \$650 per year |
| <input type="checkbox"/> \$5 per payroll / \$130 per year | <input type="checkbox"/> \$40 per payroll / \$1,040 per year |
| <input type="checkbox"/> \$10 per payroll / \$260 per year | <input type="checkbox"/> \$50 per payroll / \$1,300 per year |
| <input type="checkbox"/> \$20 per payroll / \$520 per year | <input type="checkbox"/> Other: \$_____per payroll X 26 = \$_____per year |

(Note: Gifts of \$1,000 or more qualifies for membership in the Broward Health Foundation President's Council. Gifts of \$600 or more directed to Children's Diagnostic and Treatment Center qualifies for membership in Transformers.)

B. Personal Leave (PL) Deduction

- I authorize a one-time deduction of _____ PL hours. *(Donation is PL hours times hourly rate; less appropriate taxes)*

C. Check/Cash/Credit Card Donation

- Check (payable to Broward Health Foundation) Cash \$_____
- Credit Card – visit donate.browardhealthfoundation.org/employee-giving or call 954-712-3980

Tell us how you want your gift directed (Gifts of \$50 or more may select more than one option*)

- Broward Health Facility** – Provides unrestricted dollars to the facility of your choice; please indicate your selection below:
- | | | |
|--|-----------------------------------|--|
| ___ Broward Health Foundation | ___ Broward Health Medical Center | ___ Salah Foundation Children's Hospital |
| ___ Broward Health Coral Springs | ___ Broward Health Imperial Point | ___ Broward Health North |
| ___ Broward Health Weston | ___ Community Health Services | ___ Gold Coast Home Health/Hospice |
| ___ Children's Diagnostic & Treatment Center | | |
- Broward Health Employee Emergency Relief Fund** – Provides financial assistance to Broward Health employees who are experiencing a financial hardship or crisis.
- United Way of Broward County** – Provides support to hundreds of programs in Broward County that address the health, education and financial stability of every person in our community.

*If directing your gift to more than one option above, your gift will be divided equally between your selections. However, if you wish to change that calculation, please provide instructions in space below.

Please Sign (required) to authorize your commitment _____ Date _____

Return this form to your HR Department by Friday, April 23rd.