

Yes! I want to support the 2009 Annual Appeal.

Pledge of:

\$20 per pay period** \$10 per pay period** \$5 per pay period** \$2 per pay period**

Other: \$ _____ per _____ pay periods.

Cash or check gift of \$ _____ (make checks payable to CGH Health Foundation)

To be directed towards: (Please check one)

Where need is greatest Women's Health Health & Fitness Eyeglasses for Kids Lung Cancer

Diabetes Prevention Cardiac Wellness Workplace Wellness Men's Health Scholarships

Michael Menz Scholarship Colorectal Cancer Cancer Resource Center Prescott Dental Clinic

**This payroll deduction will begin on Dec. 4, 2009 and will renew annually until CGH Health Foundation receives written notification from you to cancel the contribution.

Name: _____ Signature: _____

(please print)

Employee #: _____ Department: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

Thank You!

*Gifts to the CGH Health Foundation
are tax deductible as provided by law.*

Credit Card Contribution Form

Please charge my gift: Visa M/Card

Name: (as printed on card) PLEASE PRINT

Card #: _____

Visa 3 digit code: (on back of card) _____

Card Exp Date: _____

Signature: (must be signed to be valid)

For Office Use:

Check # _____ Date: _____

Cash New Renewal

N/R (yr _____)