

HOPE FUND PLEDGE CARD

Employee Campaign supporting the HOPE Fund at Grandview and Southview Hospitals

In support of the HOPE Fund appeal, I hereby authorize my employer to deduct my gift from my pay and remit my pledge payments to The Grandview Foundation as follows:

- Each pay period for one year (\$ _____ x 26 = TOTAL payment per year of \$ _____.
- ONE TIME payroll deduction of \$ _____.
- Yes, I wish to be a SHAREHOLDER by contributing 1/2 hour of pay each pay period for one year.
- My check made payable to The Grandview Foundation is enclosed.

I wish to make a one time donation and charge it to my CREDIT CARD.
Please provide ALL information below.

MC # _____

or

Visa # _____

Expires: _____ (month and year)

3 or 4 digit number on back of card _____

It is understood that my pledge will remain in effect only while I am employed by KHN and may be terminated upon my request.

PRINT
NAME:

WORK
LOCATION:

DEPARTMENT:

SOC SEC #:

BADGE #:

DATE:

SIGNATURE:

Please make checks payable to **THE GRANDVIEW FOUNDATION.**
GIFTS ARE TAX DEDUCTIBLE.

THANK YOU