Hazel Hawkins Hospitals Foundation
Employee Pledge Form

RETURN THIS FORM TO THE FOUNDATION OFFICE – OR DROP IT IN THE FOUNDATION MAILBOX IN THE HOSPITAL'S MAILROOM

Please Print Last Name _____ First Name _____ Middle Initial _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone _____ Social Security # _____ - _____ - _____

Employee/Badge# _____ E-mail _____

☐ **New Contribution** ☐ **Change** ☐ **Discontinue**

PLEASE CHECK ONLY ONE BOX BELOW:

- ☐ General Fund *
- ☐ Mabie - **Northside** Skilled Nursing Facility
- ☐ Hazel Hawkins Community Clinics
- ☐ Scholarship Fund (for high school and college students studying for a career in the medical field)
- ☐ HHH Ambulatory Surgery Center
- ☐ San Benito Home Health Care
- ☐ William and Inez Mabie SNF
- ☐ Emergency Department
- ☐ Palliative Care Program (end-of-life services for in-patients)

* Your gift to Hazel Hawkins Hospitals Foundation General Fund will be used where the need is greatest. It will be distributed according to the best judgement of the Foundation Trustees according to critical construction, equipment, and program needs.

Your donation is fully tax-deductible and provides the funding necessary for the growth of our services. With your help we can continue to provide and expand our important health care programs at the lowest possible cost to our community.

You may choose to make a one-time gift or contribute through payroll deduction. Either way, your gift will be greatly appreciated!

Thank you for your continued support!

Pledge Total $ _____ **End Date** _____ If left blank, pledge will be continued for three years

Bi-weekly deduction amount $ _____

One-time donation/deduction $ _____ Make checks payable to: Hazel Hawkins Hospitals Foundation

My gift is ☐ in memory of ☐ in honor of: _____

Signature _____ Date _____

www.hazelhawkins.com/foundation

Hazel Hawkins Hospitals Foundation
Leah B. Dowty, Director (831)636-2653