

*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

PLEASE CHECK ONLY ONE BOX BELOW:

- | | |
|---|---|
| <input type="checkbox"/> General Fund * | <input type="checkbox"/> San Benito Home Health Care |
| <input type="checkbox"/> Mabie - Northside Skilled Nursing Facility | <input type="checkbox"/> William and Inez Mabie SNF |
| <input type="checkbox"/> Hazel Hawkins Community Clinic Hollister | <input type="checkbox"/> Community Clinic @ San Juan Bautista |
| <input type="checkbox"/> Scholarship Fund (for high school and college students studying for a career in the medical field) | <input type="checkbox"/> Tuition Assistance Program |
| <input type="checkbox"/> HHH Ambulatory Surgery Center | <input type="checkbox"/> Palliative Care Program (end-of-life services for in-patients) |
| <input type="checkbox"/> Emergency Department | |

* 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
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