

2009 Annual Workplace Appeal Contribution Form

Yes! I want to support CHW Foundation – East Valley and help achieve the 100% giving participation goal.

Enclosed is my donation to support the goals of Chandler Regional Medical Center.

Contact Information

Home Phone: (____) _____

Work Phone: (____) _____

E-Mail: _____

Employee No: _____ Department: _____

Total Contribution

Please accept my annual gift/pledge of:

\$100 \$250 \$500 \$1,000

\$2,500 \$5,000 Other \$ _____

Please return the completed Contribution Form to the CHW Foundation – East Valley office at 1727 West Frye Road, Suite 230 – Chandler, AZ 85224. You may also fax your completed form to the Foundation at 480.728.3945.

Method of Payment (please choose one)

Cash

My check is enclosed, payable to
CHW Foundation - East Valley

Please charge my:

Master Card Visa AmEx Discover

Account Number _____

Exp. Date _____ Security Code _____

Signature _____

EMPLOYEES ONLY

PTO Deduction: # of hours: _____
(To be deducted immediately)

Payroll Deduction (see payroll calculator below)
Please deduct \$ _____ per pay period for _____
pay periods. Please indicate when to start your
payroll deductions: _____

If your gift will be paid by PTO donation, we are required by law to deduct payroll taxes from a PTO gift. The donated PTO hours are based on net amount and will be adjusted to meet the gift amount.

Payroll Calculator

Amount per Pay Period	\$192.30	\$96.15	\$38.46	\$19.23	\$9.62	\$3.85
Total 1-Year Pledge	\$5,000.00	\$2,500.00	\$1,000.00	\$500.00	\$250.00	\$100.00

Thank you for your support!

CHW Foundation - East Valley · 1727 West Frye Road, Suite 230 · Chandler, AZ 85224
www.supportchweastvalley.org · A Member of Catholic Healthcare West

*Mission: To support CHW healthcare facilities and programs
in the Southeast Valley through philanthropy.*