

Employee Giving Commitment Form

Employee Information: (please print)

Name: _____ ID #: _____
Department: _____ Position/Title: _____
Home Address: _____ City/State/Zip: _____
Preferred Phone: _____ Preferred Email: _____

I would like to designate my gift to:

- Area of Greatest Need H.E.L.P. (The Hospital Employee Lift Program)
 TeamWalk for CancerCare

Method of Payment:

- Payroll Deduction – I authorize \$ _____ to be deducted from each of my paychecks and contributed as designated above (must be equal amounts each pay period):

Gift Example (26 pay periods):	\$100 deduction = \$2,600 annual gift	\$5 deduction = \$130 annual gift
	\$25 deduction = \$650 annual gift	\$1 deduction = \$26 annual gift
	\$10 deduction = \$260 annual gift	

Deductions begin the first pay period after this form is processed. If you would like to increase, decrease or cancel, please notify the Philanthropy Department in writing and the change will be processed. (Please allow one pay period.)

- I have enclosed a check in the amount of \$ _____ made payable to Lowell General.
- Please mark my gift as anonymous (anonymous gifts will not appear on Cornerstone Plaque)

Signature: _____ Date: _____

To make your gift via credit card, please visit www.lowellgeneral.org/employeeegiving

Please complete this form and return to:
Jillian Carter | Philanthropy Department | Jillian.Carter@lowellgeneral.org | 978-323-7097