

We GIVE So Our Patients Can THRIVE



Name: _____

Employee ID: _____

Phone: _____

I designate my contribution to the following fund(s):

- Linear Accelerator
- Kingsbury Cancer Care
- Sports Medicine
- Patient Financial Assistance
- Cindi Coughlin Professional Nursing Scholarship
- Ben Tatro Memorial Healthcare Scholarship
- Other _____

(For other funds, please visit cheshiremed.org/chf/other-funds)

PAYROLL DEDUCTION

I hereby authorize a payroll deduction of:

- Gift of \$_____ **per pay period** through December 2025. (First deduction will happen the first pay period of 2025)
- One time deduction of \$ _____

Gifts of \$500 or more will be recognized at the Leadership Giving Level.

I am authorizing this voluntary deduction as specified in RSA 275:481 and/or LAB 803.03C.

EMPLOYEE SIGNATURE

DATE

CHECK PAYABLE TO: Cheshire Health Foundation

CREDIT CARD: (Visa, MC, AMEX, Discover)

I authorize a credit card charge for a **one-time** donation of \$_____.

I authorize a **monthly** (15th of each month) credit card charge of \$_____ per month for the remainder of 2025.

I authorize a **monthly** (15th of each month) credit card charge of \$_____ per month until further notice.

Number _____

Expiration ____/____/____ CVC code _____

Name on card: _____

Signature: _____

Prefer to give online?
cheshiremed.org/chf/annual-fund

I prefer to remain Anonymous

Please make my gift In honor of : In memory of:

Name: _____

Thank you for your generous support!



Cheshire Health
Foundation