Colleague Pledge Form

HOLY CROSS HEALTH FOUNDATION

COLLEAGUE INFORMATION

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. _____

Home Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Email _____

Department _____ Employee ID # _____

DONATIONS

☐ EASY PAYROLL DEDUCTION

- I will contribute the following amount per pay period ☐ $1 ☐ $5 ☐ $10 ☐ $25 ☐ $50 ☐ $100 ☐ other_____
  For this time frame: ☐ as long as I am employed ☐ 1 year ☐ 3 years ☐ 5 years ☐ other_____
- One-time payroll deduct payment for this amount $_____
- PTO Donation (non-managers only): One-time donation of _____hours OR quarterly_____# of hours for_____year(s)

GIVING DESIGNATION

☐ Cancer Center

☐ Colleagues Helping Colleagues

☐ Community Health and Well-Being

☐ Emergency Dept Renovation (Silver Spring)

☐ Germantown Hospital Growth Projects

☐ Kevin J. Sexton Fund to Increase Access and Improve Community Health

☐ Mission Services

☐ Neonatal Intensive Care Unit (NICU)

☐ Neuroscience Program

☐ Nursing Excellence

☐ Ryan Donald Basile Memorial Fund for NICU Families in Need

☐ Unrestricted Giving

☐ Women and Infant Services Fund

SIGNATURE

SIGN _____

DATE _____

RECOGNITION & TRIBUTE

☐ Yes, I authorize public acknowledgment of my gift in press or publications as follows _____

☐ No, I wish to remain anonymous

This gift is ☐ In honor of ☐ In memory of ☐ With gratitude to a caregiver

Please recognize this gift in the name of _____

THANK YOU!

Save your completed form and email it to
Foundation@HolyCrossHealth.org

Holy Cross Health Foundation
10720 Columbia Pike, Silver Spring, MD 20901
Phone: 301-557-GIVE