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### Huntington Hospital Employee Giving

\_\_\_ Yes! I want to participate in the employee giving campaign.

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_ Employee #: \_\_\_\_\_

#### **Payroll Deductions (Biweekly)**

\_\_\_ I would like to contribute to the *I am Huntington* Campaign for Huntington through biweekly payroll deductions. I have outlined by biweekly deduction below:

##### *Campaign Initiatives*

- **Greatest Need (904000.794001)** \$ \_\_\_\_\_
- Surgery Expansion (TRF24700094) \$ \_\_\_\_\_
- Sustainable Campus (TRF24700093) \$ \_\_\_\_\_
- Cardiac Center (TRF24700084) \$ \_\_\_\_\_

*Other* \_\_\_\_\_ \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Please return this form to the Office of Philanthropy by dropping it off at our office in the Valentine Building or by scanning and emailing it to [give@huntingtonhospital.com](mailto:give@huntingtonhospital.com). For questions please call our office at (626) 397-3241.