

WHY GIVE?

Employee giving is a powerful statement to our patients and the community that we believe in Gaylord's mission and are united in our commitment to provide world-class patient care. Every gift, regardless of amount, is important in helping our patients reclaim their lives!

EMPLOYEE INFORMATION (Please print)

Name		_Department		
Address			_Work Phone	
City	_State	_Zip	Location/Floor	

AMOUNT OF GIFT*

\$40.00 per pay period (\$1,040)	\$5.00 per pay period (\$130)	
\$19.02 per pay period (\$494.52)	\$3.00 per pay period (\$78)	□ Other \$
\$10.00 per pay period (\$260)	\$2.00 per pay period (\$52)	

*Payroll deduction will continue until you initiate a new level or terminate your deduction with the Development Office.

GIFT DESIGNATION

□ Gaylord Fund □ Special Needs Fund □ New Technology

METHOD OF PAYMENT

- □ Payroll deduction (Please check desired amount above)
- □ My check/cash is enclosed \$_____(Make checks payable to Gaylord Hospital)
- □ Please charge my gift of \$_____to my:
 - □ Mastercard □ Discover □ Visa □ American Express

CC#	Exp. Date/CVV Code	
	(Three digit code on back of card)	

Signature_____



Scan this QR code to learn

more or to make a gift.

Questions? Email Katelyn Muolo at kmuolo@gaylord.org or ext. 3454