

# iGIVE

Employee Giving Program  
Payroll Deduction Form



**Please join the outstanding group of committed employees who give to Columbia Memorial and touch the lives of thousands of patients and families each year. Your donation will make a world of difference!**

I would like to support Columbia Memorial Health through payroll deduction, and authorize CMH to deduct the following amount per pay period:

- \$1 per pay period = \$26 annual donation
- \$2 per pay period = \$52 annual donation
- \$3 per pay period = \$78 annual donation
- \$4 per pay period = \$104 annual donation
- \$5 per pay period = \$130 annual donation
- \$10 per pay period = \$260 annual donation
- \$20 per pay period = \$520 annual donation
- Other \$ \_\_\_\_\_
- This gift is anonymous

**When you join, you will receive a pin for you to proudly display your support of high quality health care right here at CMH!**



\_\_\_\_\_  
Your name, *please print* (Circle one: Mr. Mrs. Ms. Miss )

\_\_\_\_\_  
Your email address ~ *when you share your email with us, we'll share CMH and Foundation news and events with you!*

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
CMH Department

***Please return this form to:***

Columbia Memorial Health Foundation  
71 Prospect Avenue, Hudson, NY 12534  
GiveCMH.org - 518.828.8239 - [wblowers@cmh-net.org](mailto:wblowers@cmh-net.org)

**Foundation Use Only:** First Payroll Deduction Date: \_\_\_\_\_