

# neighbor to neighbor

a campaign of  
Aspen Valley Medical Foundation

## CHARITABLE PAYROLL DEDUCTION - HOW IT WORKS

- 1) An agreement has been made with your employer to implement a Charitable Payroll Deduction Plan.
- 2) You and your fellow employees make a financial pledge.
- 3) This form gives written authorization by you to your employer to deduct a specified amount from your paycheck.
- 4) Each pay period your contribution is forwarded to Neighbor to Neighbor by your employer.
- 5) Your contribution is tax deductible.
- 6) You may cancel at any time by notifying your employer.

## AVH Employee Enrollment

### I want to participate in helping my community, and here's my pledge!

(to be completed in full by the employee)

- YES**, I authorize a regular automatic deduction per paycheck from January 1, \_\_\_\_\_, through December 31, \_\_\_\_\_ that will automatically renew annually until I cancel by notifying my payroll administrator.
- YES**, I authorize a regular automatic deduction per paycheck from January 1, \_\_\_\_\_, through December 31, \_\_\_\_\_ ONLY.

#### Please direct my gift to:

- Neighbor to Neighbor** \$ \_\_\_\_\_ per paycheck = \$ \_\_\_\_\_ per year  
supporting community health and human services agencies
- Aspen Valley Hospital** \$ \_\_\_\_\_ per paycheck = \$ \_\_\_\_\_ per year  
supporting patient services and medical equipment
- AVH Employee Emergency Financial Assistance Program (EEFAP)** \$ \_\_\_\_\_ per paycheck = \$ \_\_\_\_\_ per year  
Part, half and full time AVH employees contributing regularly can apply for assistance.

**Total Contribution =** \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
per paycheck # of pay periods/year Total yearly contribution

EMPLOYER/COMPANY NAME

EMPLOYEE'S NAME (please print)

EMPLOYEE SIGNATURE

EMPLOYEE MAILING ADDRESS

CITY

STATE

ZIP

BEST PHONE # FOR US TO REACH YOU  
IF WE HAVE QUESTIONS

EMAIL ADDRESS

**Neighbor to Neighbor** a campaign of **Aspen Valley Medical Foundation**

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