

Payroll Deduction Form

Employee Name: _____

Department: _____

Home Address: _____

Home Phone: _____

SCH Phone: _____

SSN or Employee ID#: _____

I, _____, pledge a contribution of \$_____ and authorize Swedish Covenant Hospital to deduct my contribution through payroll deduction at the rate of \$_____ per pay period.

My gift should be directed to the _____ fund.

Employee Signature: _____

Date: _____

This pledge remains in effect for the period noted only as long as I am an employee of Swedish Covenant Hospital. All gifts are tax-deductible to the extent provided by law.

For more information, please contact the Foundation Office at ext. 6256.

Your gift, in any amount, is greatly appreciated.

Thank You!

Please fax this form to: (773) 989-4103, or email to: foundation@schosp.org, or mail to: Swedish Covenant Hospital Foundation, 5145 N. California Ave., Chicago, IL 60625