



*Yes, I want to be a part  
of Deaconess Foundation's 321 Club!*

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Department \_\_\_\_\_

Please deduct \$\_\_\_\_\_ per pay period from my paycheck for one year.  
*Please sign and date below for payroll deduction.*

I would like for my contribution to benefit:

<input type="checkbox"/> Chancellor Center for Oncology	<input type="checkbox"/> Hospice
<input type="checkbox"/> Children's Enrichment Center	<input type="checkbox"/> Nursing Scholarship Fund
<input type="checkbox"/> Deaconess Riley Children's Services	<input type="checkbox"/> Tribute Fund
<input type="checkbox"/> Employee Continuing Education Fund	<input type="checkbox"/> Other: _____

Instead of payroll deduction, please find enclosed my check for \$83.46.  
(This amount is \$3.21 per paycheck x 26 total pay periods in a year.)  
*Please make checks payable to Deaconess Foundation.*

Instead of payroll deduction, please charge my credit card \$83.46.  
(This amount is \$3.21 per paycheck x 26 total pay periods in a year.)  
*Please sign and date below to charge credit card.*

Credit Card Type \_\_\_\_\_  
Credit Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Name that appears on Card \_\_\_\_\_  
Amount to be charged \_\_\_\_\_

I am unable to join the 321 Club, but please accept my donation of \$\_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date