



Employee Giving

Name: _____ Employee ID: _____

Home Address: _____ Last four digits of SS # _____

City: _____ Department: _____

State, Zip: _____ Business Phone: _____

Email: _____ Home or Cell Phone: _____

Please reserve the following:

I would like to make an **ONGOING GIFT**, which will be paid by payroll deduction or credit card until I make a request for the gift to end.*

Deduct \$_____ each pay period

Charge my credit card \$_____ each month (deducted on 15th of each month)

I would like to make a **PLEDGE** of \$_____ which will be paid in equal installments.*

I'd like to pay through payroll deduction

Charge my **credit card** (debited on 15th of each month)

I would like to make a **ONE-TIME** gift of \$_____.*

Enclosed check payable to Cincinnati Children's

Charge my credit card

Credit Card: Visa MasterCard American Express Discover

Account Number: _____ Expiration Date: _____

Signature: _____ Date: _____ Ver. Code: _____

Use my gift to support (please check one):

Specific institute, department, division or program within CCHMC _____

Greatest needs/strategic initiatives of CCHMC

I would like to give anonymously.

*Employees of Cincinnati Children's who give \$1,000 or more in a year become members of the William K. Schubert Society.

PLEASE SEND COMPLETED FORM TO:

Cincinnati Children's

P.O. Box 5202

Cincinnati, OH 45201-5202

(Or via interoffice mail to: Liz Curnett, MLC 9002)

FOR QUESTIONS OR TO GIVE ONLINE:

Contact: Liz Curnett

liz.curnett@cchmc.org or 513-636-4484

Visit: cincinnatichildrens.org/employee-giving

Thank you for supporting Cincinnati Children's! Your gift is tax deductible as allowed by law.