



Payroll Deduction Agreement for:

Donor Name: _____

Please indicate your payroll deduction contribution below:

Gift Per Paycheck: _____

Length of Pledge: _____

Total Gift (optional): _____

I hereby authorize my employer, Rome Health, to deduct from my paycheck the total amount indicated above to support the Rome Health Foundation Capital Campaign for Surgical Services and Critical Care.

EMPLOYEE SIGNATURE

EMPLOYEE PHONE NUMBER

Additional Information:

- If you have any questions concerning the payroll deduction or pledge length process, please contact Julia Reade (jreade@romehealth.org) at the Rome Health Foundation.
- Payroll deductions towards pledge payments will begin on January 5th, 2024, with gifts being deducted from employee's paychecks bi-weekly until the pledge balance reaches zero.
- Please return these forms to the Rome Health Foundation (foundation@romehealth.org) or drop-off at our location at Chestnut Commons (107 E. Chestnut St., Rome, NY 13440).