

Please complete this form and return it to the collection box in the cafeteria/breakroom, or scan and email to: hello@forwardhealthfoundation.org

Date: _____

Home Address: _____

Name: _____

City/State/Zip: _____

Employee ID #: _____

Telephone: _____

PAYROLL DEDUCTION

☐ \$1/pay period

☐ \$20/pay period

☐ \$3/pay period

☐ \$40/pay period

☐ \$5/pay period

☐ \$25 (annual gift)

☐ \$10/pay period

☐ \$_____/pay period

ONE TIME GIFT

Cash/Check

(Payable to *Forward Health Foundation*, PO Box 367, Deer River, MN 56636)

\$ _____

Online donation via debit/credit card at:

<https://forwardhealthfoundation.org/support-us/>

I authorize Essentia Health to deduct the specified amount from my payroll check. I understand that payroll deduction will continue until I elect to change my pledge status.

Signature: _____

I'M IN!