

**Please complete this form and return it to the collection box in the cafeteria/breakroom, or scan and email to: [apriljespersion@forwardhealthfoundation.org](mailto:apriljespersion@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: \_\_\_\_\_