

YES!

I want to support



Ongoing payroll deduction

I choose to donate via payroll deduction and authorize a payroll deduction each pay period in the amount of:
__ \$1 __ \$2 __ \$5 __ \$10 __ \$20 __ \$_____ (other) effective the first payroll cycle of _____.
(month)

One-time payroll deduction

I choose to make a one-time payroll deduction in the amount of \$_____ (minimum \$10).

My information

Five-digit employee ID number _____

Full name _____

Phone _____

Street address _____

City/State/Zip _____

Signature _____

Please list my name in the annual Hospice Promise Foundation report as follows: _____

Please do not list my name in the annual Hospice Promise Foundation report.

Please mail your completed form to the address below. If you prefer to send your donation by check, mail your check, payable to Hospice Promise Foundation:

The Hospice Promise Foundation

**901 Hugh Wallis Road South
Lafayette, LA 70508**

The Hospice Promise Foundation is a non-profit organization. Donations collected will go to the general fund to support all hospice patients.

All gifts are tax deductible to the extent provided by law.

By signing this pledge card, I voluntarily authorize and specifically instruct the deduction for my wages, salary and/or compensation in the amount designated and from each paycheck and for the purposes of The Hospice Promise Foundation. This authorization shall remain in effect unless or until instructed by me in writing. This pledge and deduction is strictly voluntary and is not required by the company and/or other party.

All fields required.