



UWHC/UWMF Employee Payroll Deduction Form

PART 1: ORDER FORM

Please print and complete a separate order form for each Fish being ordered

Name _____

Please select a Fish: \$500 Pumpkinseed \$1,000 Walleye \$2,500 Muskie

Your gift will support the American Family Children's Hospital's Area of Greatest Need Fund (#12906681).

Inscription

Each Fish will be inscribed and displayed at American Family Children's Hospital. Your Fish's color will be randomly assigned. For consistency throughout the Fish display, inscriptions will be limited to the name of the individual(s), business or association.

Please print clearly the name of the individual(s), business or association as you wish it to appear on the Fish **(42 character limit, including spaces)**.

Gift Notification

If you are honoring someone else's name in your Fish inscription, we will notify that person of your gift. Simply check the box below and tell us whom to notify.

Please send notification to the following person for whom a Go Fish inscription has been purchased on his/her behalf.

Name _____

Address _____

City _____ State _____ Zip Code _____

Please return the Go Fish Order Form(s) with one complete Payroll Deduction Form as directed on page 2.

[Please complete Payroll Deduction Form on page 2]

PART 2: PAYROLL DEDUCTION FORM

Please select your employer: **UW Hospital and Clinics** **UW Medical Foundation**

I would like to contribute to the Go Fish Campaign via payroll deduction. Your gift may be paid over an eighteen (18) month period or less.

_____ x _____ = _____
Amount per check Total # of pay periods Total Contribution

Please begin my deduction during the following month of 2010: _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime phone number _____ Daytime e-mail _____

Work Address _____

Employee ID # (back of photo ID) _____

I authorize my employer to deduct any unpaid balance from my last paycheck should I leave employment prior to fulfilling this commitment.

Signature _____

Please return Order Form(s) and Payroll Deduction Form to:

Jim Gilmore H4/889 (Mail Code 8350)

OR

Jim Gilmore
Development Program Manager
University of Wisconsin Hospital and Clinics
600 Highland Avenue, H4/889
Madison, WI 53792-8350

Questions may be directed to Jim Gilmore at (608) 262-7665 or jgilmore@uwhealth.org