

American Family Children's Hospital

Employee Payroll Deduction Form

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

PAYROLL DEDUCTION

I pledge to contribute to American Family Children's Hospital via payroll deduction.

Please designate my gift to American Family Children's Hospital:

Greatest Need Fund - #12906681 (Enables us to respond to emerging needs – patient programs, facility improvements, staffing, family support services and education)

Sick Kids Can't Wait Capital Campaign Fund- # 12906734 (Capital fund for facility enhancement)

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

Start Date: _____ / _____
(month) (year)

Name _____

Home Address _____

City _____ State _____ Zip _____

Work Address _____

Daytime Phone _____

Daytime E-mail _____

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 _____

A tax receipt documenting your total charitable contribution for each calendar year will be provided to you by the University of Wisconsin Foundation by January 31 of the next calendar year.

Please return to:
Colleen Fraser
UW Hospital and Clinics
600 Highland Avenue, H4/810
Madison, WI 53792-8350

UW **Health**
American Family
Children's Hospital