



# Advocate South Suburban Hospital

## Payroll Deduction Authorization Form

**Gala 2016 – Friday, September 23, 2016**

Sculpture Garden Gallery at Bridgeport Art Center | 1200 W. 35<sup>th</sup> St., Chicago

Proceeds benefit the President’s Fund for Special Needs of Advocate South Suburban Hospital

NAME (PRINT)	_____
EMPLOYEE ID NUMBER	_____
ADVOCATE UNIT/DEPARTMENT	_____
PHONE (DAY-TIME)	_____
EMAIL ADDRESS	_____

**AUTHORIZATION OF PAYROLL DEDUCTIONS**

I PLEDGE TO PAY FOR \_\_\_\_\_ (#) GALA TICKETS @ \$325 EACH FOR A TOTAL OF \$ \_\_\_\_\_ (TOTAL)  
 TO BE DISTRIBUTED OVER \_\_\_\_\_ (#) OF PAYROLL PERIODS (**MAXIMUM OF 5 AND MUST BE COMPLETED PRIOR TO THE EVENT.**)

**EXAMPLE BELOW: TWO TICKETS AT \$325 WOULD EQUAL FIVE DEDUCTIONS OF \$130 EACH.**

I PLEDGE TO PAY FOR  2  (#) GALA TICKETS @\$325 EACH FOR A TOTAL OF \$  \$650  (TOTAL)  
 TO BE DISTRIBUTED OVER  5  (#) OF PAYROLL PERIODS (**MAXIMUM OF 5 AND MUST BE COMPLETED PRIOR TO THE EVENT.**)

**DEADLINE TO SUBMIT COMPLETED FORM FOR 5 PAYROLL DEDUCTIONS IS FRIDAY, JULY 22, 2016.**

*I agree to pay and authorize the Advocate Health Care Payroll Department to deduct from my payroll check the above deduction amount. Deductions will begin with the first pay period after this form is received by corporate payroll. Should I terminate my employment before this amount has been deducted from my regular paycheck, I authorize Advocate Health Care to deduct the entire remaining balance from my final pay check.*

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

All contributions are tax deductible as provided by law.

INTERNAL USE
Date Sent to Payroll: _____ Sent by: _____

**Please return this form to**  
**Advocate Charitable Foundation**  
**Attention: Marina Khalfina**  
**3075 Highland Parkway, Suite 600,**  
**Downers Grove, IL 60515**  
**Phone: 630.929.6944 / Fax: 630.929.9900**  
**Email: marina.khalfina@advocatehealth.com**