

## Payroll Deduction Authorization

To make a contribution to BDH through payroll deduction, please complete this form and return it to the Bozeman Deaconess Foundation in Suite 3200 or fax it to 585-1084. You may call 585-1085 with questions.

Please return this form to Bozeman Deaconess Foundation		
Name :		
Address:		
Phone:	Fmail·	
Department:	Manager:	
Spouse Full Name (for recognition):	<u> </u>	
Yes! I am proud to join my colleagues in supporting the mission of Bozeman Deaconess.		
THE CORNER	RSTONE CAMPAIGN or Bozeman Deaconess Hospital	Contributions made to Bozeman Deaconess Foundation will be included in the employee participation goal for this year.
Payment Method  □ Bozeman Deaconess Payroll Deduction (\$5 minimum contribution)  Amount of Each Deduction: □\$5 □\$10 □\$25 □\$50 □\$100 □ Other \$ □ One Deduction □ One year □ Two years □ Three years □ Four years □ Five years  For a total gift of: \$ □ (26 pay periods per year)  □ Check enclosed \$ □ (Please make checks payable to Bozeman Deaconess Foundation or BDF)  □ Credit Card Contribution \$ □ (\$25 minimum contribution) □ Visa □ MasterCard □ Discover Card Number □ Expiration □/□		
Signature	Date	2
Signature authorizes all transactions specified above		
◆ ◆ AND/OR ◆ ◆  Please designate my gift to: □ Employee Emergency Fund □ Greatest Need □ Other (department of choice)		
Payment Method  ☐ Bozeman Deaconess Payroll Deduction (\$5 minimum of Amount of Each Deduction: ☐ \$5 ☐ \$10 ☐ \$5 ☐ \$10 ☐	25 □ \$50 □ \$100 □ Oth □ Other	
☐ Check enclosed \$ (Please make checks payable to B ☐ Credit Card Contribution \$ (\$25 minimum contr ☐ Visa ☐ MasterCard ☐ Discover Card Nur	Bozeman Deaconess Foundation or BDF) ribution)	Expiration/
SignatureSignature authorizes all transactions speci	Date	e
Signature authorizes an transactions speci	nea above	

