Tel Hai Development, Inc. – Employee Payment Authorization Form

☐ One-Time Charge	☐ Initial A	ıthorization	☐ Change Payment
I hereby authorize Tel Hai Development, Inc. to charge \$ from my:			
□ Payroll Deduction			
Beginning Date: Ending Date (g Date (if applicable):	
Please Choose One:	_ Every Pay Deduction	One-Time Deductio	n
☐ Credit Card Please Select One:	□Visa □MasterCa	rd □Discover	□AMEX
Credit Card Number:			
Exp. Date:	Security Code:		
□ Care Assurance Fund □ Good Samaritan Fund □ Other (Restricted) You may use your contribution to remember a favorite resident or loved one. Or – say thanks to a co-worker or friend with a gift in honor.			
☐ I would like my gift to be in honor of ☐ I would like my gift to be in memory of ☐ I wish to remain anonymous for purposes of donor recognition.			
Please PRINT the following information for your account:			
Employee Name		Dept	
Employee Signature		Date/	/
Tel Hai Development, Inc. is a registered 501.c.3 charitable organization. In accordance with Pennsylvania law, we are required to advise you that a copy of our official registration and financial information may be obtained from the Pennsylvania department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.			

For Office Use Only:

■ Development Office

Taken to Finance Office

Please return this form and inquires to:

Tel Hai Development Office PO Box 190 Honey Brook, PA 19344 telhaidevelopment@telhai.org 610-273-9333 x. 2039