



Employee Gift/Pledge Form

(Please print)

Name _____ Employee Number _____

Department/Dept. No. _____ Facility _____

Home Street Address _____

City _____ State _____ ZIP _____ E-mail _____

Signature _____ Date _____

Enclosed is my check for \$ _____ made payable to the Forsyth Medical Center Foundation, a 501(c)(3) non-profit, charitable organization

I want to donate _____ hours of PTO (minimum: 4 hours – please see PTO Donation Guidelines).

Please payroll deduct \$ _____ (minimum \$2) per pay period beginning _____ (date) for _____ (number) pay periods for a total gift of \$ _____.

Please charge my \$ _____ donation to
O Mastercard O Visa O American Express O Discover

Account No. _____

Expiration _____ 3 digits on back of card _____
(4 on front if American Express)

Name as it appears on card _____

I'm making this gift in honor/memory of a Remarkable person: (name) _____
_____ (location) _____

Please use my gift where it is needed most **OR** Please designate my gift to:

Behavioral Health Derrick L. Davis Forsyth Regional Cancer Center

Cardiac/Vascular Employee Emergency Fund Neurovascular/Stroke

NICU Orthopaedics Palliative Care Post-acute Care Social Services

Sara Lee Center for Women's Health Specific Foundation Fund _____

Other _____

Forsyth Medical Center Foundation
3333 Silas Creek Parkway, Winston-Salem, N.C. 27103

Telephone: 336.718.2101 Fax: 336.277.8117
Location: Second-floor Forsyth Medical Center
Mail Code: Box 2

Donations can also be made on-line at www.forsythmedicalcenterfoundation.org

Your contribution is tax deductible to the extent allowed by law.