

EMPLOYEE GIVING CAMPAIGN 2025



Together
we *give*
Together
we *care*

One-time Donation by Check:


Enclosed is my check in the amount of \$_____ payable to the **Edward Foundation**.

Payroll Deduction*:

I authorize the following amount to be deducted from each pay period (26 pay periods), for one year, beginning Jan. 9, 2025:

Deduction for each of 26 pay periods = Total amount for year

- ___ \$10 = \$260*
- ___ \$15 = \$390
- ___ \$20 = \$520
- ___ \$25 = \$650
- ___ \$50 = \$1,300
- ___ \$ _____ Other amount to be deducted over 26 pay periods

 *Dollar-a-Work Day or more makes you eligible for our raffle of great prizes and a Cypress 3-in-1 Wireless Charger.

Signature of Employee

WORKDAY Employee ID #

(Last Name, First Name)

(WORKDAY Employee ID)

(Department Number)

(Department Name)

I Wish to Direct My Gift to: (check one)

- ___ (Unrestricted) Area of Greatest Need
- ___ Cancer
- ___ Cardiology
- ___ Care Center (for child and adolescent abuse victims)
- ___ Emergency Services Fund
- ___ Kindness Fund
- ___ Linden Oaks
- ___ Neurosciences
- ___ SHARE Program
- ___ Well @ Work
- ___ Other: _____

Questions?

Please call the Edward Foundation at (630) 527-3954 or email Edward.Foundation@EEHealth.org

The Edward Foundation is a non-profit 501(c)(3) organization, FEIN# 36-3723705. Your donations are deductible to the extent allowed by law.