

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 **Elmhurst 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-n-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

___ Diabetes Learning Center

___ Family Birthing Center

___ Kindness Fund

___ Nursing Education and Staff Development

___ Rooftop Healing Gardens

___ Well @ Work

___ Other: _____

Questions?

Please call the
EMH Foundation at
(331) 221-4483
or email
Elmhurst.Foundation@EEHealth.org

**Elmhurst Memorial
Hospital Foundation**
Part of Endeavor Health