



RMH CULTIVATION CLUB

“Cultivating Healthcare for the Future”

New Member Current Member with Changes

I hereby authorize Rush Memorial Hospital to deduct the following amount from my paycheck EACH pay period. Please indicate your level of giving by checking the appropriate box.

- | | |
|--|---|
| <input type="checkbox"/> \$ 2 per pay (\$ 52 per year) | <input type="checkbox"/> \$38.47 per pay (\$1,000 per year) |
| <input type="checkbox"/> \$ 4 per pay (\$104 per year) | <input type="checkbox"/> Other: \$_____ per pay |
| <input type="checkbox"/> \$ 6 per pay (\$156 per year) | <input type="checkbox"/> One time gift - check or cash |
| <input type="checkbox"/> \$10 per pay (\$260 per year) | |

Name _____

Address _____

Signature _____

Date _____

I understand that I can remove my pledge at any time by notifying the Foundation Office.