



PLEDGE FORM

Harris Health System Employee Giving Campaign

GIVING BACK
BEGINS
WITH US
FAMILY FOR LIFE

NAME

EMAIL

MAILING ADDRESS

CITY

STATE

ZIP

PHONE

EMPLOYEE ID

HARRIS HEALTH LOCATION

DEPARTMENT/UNIT

PLEASE DESIGNATE MY GIFT TO:

ACS Cancer Care Program/Ambulatory Surgery Center

Employee Disaster Relief Fund

CASH, CREDIT CARD OR CHECK DONATION

Enclosed is my check for \$ _____ made payable to Harris County Hospital District Foundation.

Enclosed is my cash donation of _____.

Please charge my VISA MASTERCARD AMERICAN EXPRESS for the amount \$ _____.
((\$10 minimum, please))

CARD NUMBER

EXPIRATION DATE

CVS

BILLING ADDRESS

CITY

STATE

ZIP

NAME ON CARD

SIGNATURE

DATE

I authorize Harris County Hospital District Foundation to charge my card for the amount listed above.

OPTIONAL TRIBUTE GIFTS

My gift is in honor of memory of _____
NAME

Please send notification of my gift to _____
NAME

ADDRESS OF TRIBUTE

CITY

STATE

ZIP

Please return your pledge form to HCHD Foundation via Harris Health interoffice mail. You can also schedule payroll deduction(s) or one-time donations through PeopleSoft. To make a gift online visit hchdfoundation.org.

QUESTIONS?
Email familyforlife@harrishealth.org.