



# 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:

Transformation of Ben Taub Hospital 5th Floor Solarium to Staff Serenity Solarium

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](http://hchdfoundation.org).

**QUESTIONS?**  
Email [familyforlife@harrishealth.org](mailto:familyforlife@harrishealth.org).