



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: Lyndon B. Johnson Hospital Employee Gym Expansion 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)



LBJ Hospital turns 30 this year. Pledge your \$30 in honor of our 30 years.

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.