

**Med Center Health Foundation
Charity Ball Sponsorship
Employee Deduction Form**

Not applicable to PRN and Temporary Employees

To: Accounting/Payroll

From: Med Center Health Foundation

Employee Name _____ **Employee #** _____

This is to authorize the Accounting/Payroll Department to Deduct:

The amount of \$_____ over _____ pay periods (can be up to 5) for _____ Charity Ball Sponsorship or reserved seats (\$250.00 each) until the full amount of \$_____ is paid on or before November 4, 2023. (All deductions will begin on the next pay period unless specified.)

I agree to have the above listed amount paid through payroll deduction. I also understand and agree that in the event my employment with CHC (and/or its affiliated corporations) is terminated before this obligation is satisfied, CHC (and/or its affiliated corporations) may deduct any or all amounts in excess of Federal Hourly Minimum Wage from my final paycheck as consideration for payment on this account and that I will remain responsible for entire balance which will be immediately due and owing.

Signature of Employee Date _____

Kathy Smith, Director Annual Giving Date _____
Med Center Health Foundation

