Med Center Health Foundation

Charity Ball Sponsorship

Employee Deduction Form

Not applicable to PRN and Temporary Employees

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

The amount of $_____ over _____pay periods (up to 5) for _____Charity Ball Sponsorship or reserved seats ($250.00 each) until the full amount of $_____ is paid on or before November 3, 2025. (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.

_____Date_____

Signature of Employee

Kyla Cole, Director Major Gifts Date_____

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