**LEAF (Legacy Employee Assistance Fund) 2019**

***benefiting the Legacy Employee Assistance Program***

**Thank you for making a gift to Legacy Community Health! Your support makes an important difference in the lives our Legacy family.”**

**DONOR INFORMATION**: **Work Location**:

Donor Name:

Address:

City: Zip: Primary Phone #:

**Employee ID/SimplyWork ID**: Email:

**GIFT INFORMATION**: **Gift is Anonymous**

I would like to make a gift to the Legacy Employee Assistance Fund at the following level:

$24 ($2/per month)\* $72 ($6/per month)\* $144 ($12/per month) $576 ($48/per month)\*

$50

$50

$50

$624 ($52/per month)\* $1,320 ($55/per month)\* $2,640 ($110/per month)\*\*

$50

$50

$50

Other $

50

**Payment Option 1:** Enclosed is my cash/check donation of: $ .

(*Please make checks payable to Legacy Community Health.)*

**Payment Option 2:**  Please charge my credit card: Amex Discover Master Visa

$50

$50

$50

$50

Card Number: Exp. Date:

Name on card: Signature:

**Payment Option 3:** Payroll Deduction (*applicable as listed below.)*

In accordance with the terms selected below, and with the understanding that the installments will be deducted from my pay based on Legacy payroll, I authorize Legacy Community Health to deduct my selected donation from my wages between the 1st and no later than the 15th of each month until the total amount of my contribution has been deducted.

One time deduction

Deduction of installments in the amount of $ for a **total donation of $ .**

**Deduction of 12 installments *(for donations of $24 - $1,320)* \***

**Deduction of 24 installments *(for donations of $2,640 and above) \*\****

**Donor Signature**: **Date**:

Submitted to Accounting by: Date:

**Please send this form with your contribution to: *If you have any questions, please contact:***

**Legacy Community Health, Development Department *Claudette Guerrero at 832-548-5257 or***

**Attn: Claudette Guerrero *CGuerrero@legacycommunityhealth.org***

**P.O. Box 66308**

**Houston, TX 77266-6308 www.legacycommunityhealth.org/LEAF**