

Artesia General Hospital Foundation



AGH Employee Pledge Form via Payroll Deduction at Artesia General Hospital

I am making a \$ _____ donation to the **Area of Greatest Need Fund**

I am making a \$ _____ donation to the **Education Fund**

I am making a \$ _____ donation to the **Employee Emergency Assistance Fund**

I am making a \$ _____ donation to the **Joe Schiel Scholarship Fund**

I am making a \$ _____ donation to the **Transportation Fund**

deducted from my bi-weekly paycheck beginning _____.

Employee Information:

Employee Number: _____

Name: _____

Email: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____