

## PLEDGE FORM

Thank you so much for supporting innercare GEMs! Your gifts WILL make a difference at our clinics.

| Name:  |                                |                   |   |  |
|--|--------------------------------|-------------------|---|--|
| Department:  |                                |                   | Clinic:                                 |  |
| Home Address:  |                                |                   |   |  |
| City:  | State:                         | ZIP:              | Phone:                                  | Cell Home                                |
| Email:   |                                |                   |   |  |
| List my name in print as   |                                |                   |   | ·  |
| PAYROLL DEDUCTION  |                                |                   | • |  |
| Your gifts through payroll deduction at any time with on the 7th or 22nd to be pro | a written request to Human F   | Resources. Note   |   |  |
| I authorize innercare to de  | duct the following amount per  | pay period        |   |  |
| Per pay period, I would  | like to support innerca        | re at: (please    | check one)                              |  |
| \$2 (\$48 per year)  | \$5 (\$120 per year)           | \$10 (\$2         | 240 per year)                           | \$20 (\$480 per year)                    |
| \$25 (\$600 per year)  | \$50 (\$1200 per year)         | O 1 hour          | of pay, per pay per                     | iod. Oesignate your gift                 |
| Other Amount: (minimu  | um donation \$1)\$pe           | er payroll x 24 = | :\$/year                                |  |
| Designate your gift, I v   | vould like my donation         | to support        |   | please check one)                        |
| Equipment for clinics  | Staff training and Dev         | relopment (       | )Seek+Gather (                          | Area of greatest need                    |
| SIGNATURE Your signature is required to a  |                                |                   |   |  |
| Signature:   |                                |                   |   | Date:                                    |
| All employees that contribute  | to the campaign will be listed | on the website    | and in the newslette                    | r. Those that contribute will receive an |

Thank you for your support and for continuing to be a part if innercare's success! All gifts are tax deductible to the fullest extent of the law.

entry into the monthly drawings.

An annual donation receipt will be emailed to the email address on file. Innercare provides no goods or services for your generous gift.

For questions regarding the innercare GEMs campaign please email Sara Sanders, Chief Development Officer at saras@innercare.org or call 760-944-9951 x10106.