

100 Days of Hope

2019 Employee Giving Campaign

First Name _____ Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

My Total Annual Gift \$ _____

Method of Payment:

- Enclosed Check (Please make checks payable to CHR)
- Payroll Deduction
\$ _____ per paycheck for _____ # of pay periods
- Credit Card/Online (Please visit www.chrhealth.org to make an online donation)
- Cash

Signature _____

Date _____

- Please keep my donation confidential

Thank You!

For more information or questions regarding the 2019 employee giving campaign please contact:
Katie Reaves at kreaves@chrhealth.org or 860-697-3381.

****Please send your donation back to Katie Reaves at the Windsor Main Office****

Thank you for your gift! Together we are giving our clients Real Life and Real Hope.