

100 Days of Hope

First Name

Last Name

Address

City/State/Zip

Home Phone

Cell Phone

Email

CHR Location/Department

My Total Annual Gift \$

Method of Payment:

Check (Please make checks payable to CHR)

Payroll Deduction

\$ _____ per paycheck for _____ # of pay periods

Credit Card/Online - [Click Here](#)

Cash

By checking this box and typing my name and date below, I am electronically signing my pledge form.

Date:

Please keep my donation confidential

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

Please choose **one** gift and size (if applicable):

CHR Champion Pullover Sweatshirt (\$80+)

Size: S M L XL 2XL 3XL

CHR Vest (\$70+)

Size: **Mens** **Womens** S M L XL 2XL 3XL

CHR Travel Mug (\$30+)

CHR Tee Shirt (\$15+)

Size: S M L XL 2XL 3XL

CHR Lunch Bag (\$10 and under)

CHR Spiral Notebook (\$10 and under)

For more information or questions regarding the 2021 employee giving campaign please contact

Katie Reaves at kreaves@chrhealth.org or 860-697-3381

****Please email your pledge form to Katie Reaves at kreaves@chrhealth.org.****

****Checks can be mailed to the Windsor Main Office****