



Caregiver Campaign Giving Form

Name: _____ Title: _____ Department: _____

Home Address: _____

Cell Phone: _____ Office Phone: _____

Personal E-mail: _____ Office E-mail: _____

Gift Designation

- UH Fund (Area of Greatest Need)
- Other (UH medical center, institute, clinical program, etc.) _____

Payment Method

- Check (ENCLOSED MADE PAYABLE TO UNIVERSITY HOSPITALS) \$ _____
- Credit Card MasterCard Visa American Express Discover \$ _____
 Card Number: _____ Exp. Date: ____/____/____
 Name as it appears on card (PLEASE PRINT): _____

FIRST NAME
MIDDLE INITIAL
LAST NAME

- Payroll Deduction (SELECT ONE):
***PAYROLL DEDUCTION MAY NOT BE USED FOR EVENT GIFTS**
 One-time gift of \$ _____
 Gift divided evenly over the year (26 PAY PERIODS FOR EMPLOYEES; 24 PAY PERIODS FOR PHYSICIANS AND LEADERS). Total gift of \$ _____
 Recurring gift of \$ _____
(DEDUCT ABOVE AMOUNT EACH PAY PERIOD UNTIL DONOR CONTACTS INSTITUTIONAL RELATIONS & DEVELOPMENT TO DISCONTINUE DEDUCTIONS)

Recognition

- For recognition purposes, please list my/our name as indicated (PLEASE PRINT): _____
- I wish for my/our gift to remain anonymous.

I AUTHORIZE THIS GIFT AND AUTHORIZE THE FORM OF PAYMENT AS I HAVE DESIGNATED ABOVE.

Signature: _____ Date: ____/____/____

Additional Ways to Give

Call: 216-983-2200

E-mail: UHGiving@UHhospitals.org

Give Online: UHGiving.org/PECampaign

Interoffice Mail: University Hospitals Institutional Relations & Development—MCCO 5062

Mail: University Hospitals Institutional Relations & Development, PO Box 94554, Cleveland, OH 44101-4554

