

**PAYROLL DEDUCTION AUTHORIZATION FORM
CGH HEALTH FOUNDATION
STERLING, ILLINOIS**

Employee # _____ Employee Name _____ Dept _____

Deduction – CGH Health Foundation Delicious Designs

_____ of Auction Item won Winning Bid \$ _____

_____ of Auction Item won Winning Bid \$ _____

_____ of Auction Item won Winning Bid \$ _____

_____ of Auction Item won Winning Bid \$ _____

_____ of Auction Item won Winning Bid \$ _____

_____ of Auction Item won Winning Bid \$ _____

Wish List Item _____ Donation Amount \$ _____

Wish List Item _____ Donation Amount \$ _____

Wish List Item _____ Donation Amount \$ _____

Wish List Item _____ Donation Amount \$ _____

Cash Gift amount \$ _____

Total Amount of Deduction \$ _____

I understand that should I terminate my employment with the hospital before the total amount has been deducted, the balance will be deducted from my final paycheck.

(Signature) _____ (Date) _____

- Instructions:
1. Fill out form completely
2. Sign and Date