

**SISKIYOU COUNTY MERCY-SPONSORED PROGRAMS
AUTHORIZATION FOR CHW EMPLOYEE PAYROLL DEDUCTION**

I hereby wish to make a pledge through Mercy Foundation North, specifically to benefit:

- | | |
|---|---|
| <input type="checkbox"/> Obstetrics Campaign - MMCMS | <input type="checkbox"/> Golden Umbrella |
| <input type="checkbox"/> Where the Need is Greatest - MMCMS | <input type="checkbox"/> Shasta Senior Nutrition Programs |
| <input type="checkbox"/> Works of the Sisters | <input type="checkbox"/> Other _____ |

I hereby request my pledge be collected by the following terms (choose one):

- I would like to pledge "Hour Club," which I understand to be the equivalent of one hour of my pay per pay period (26 pay period per year) for a duration of two years.
- I would like to pledge \$_____ to be withheld from my paycheck per pay period for a duration of ___ year(s).

My signature below authorizes the deduction of the amount above from my paycheck each payroll period. I further understand that I may amend or cancel this pledge without explanation at any time.

Print Full Name: _____ Signature: _____

Mailing Address: _____

Department: _____ Organization: _____ Work Phone: _____

Home Phone: _____ Date: _____

**Please return completed, signed and dated form to
Alisa Johnson, MFN Siskiyou County Development Officer, MMCMS-Rm.19,
via interoffice mail
or postal mail addressed to:
Mercy Foundation North, Mercy Medical Center Mt. Shasta, 914 Pine Street, Room 19, Mt. Shasta, CA 96067**

"We should be as the compass that goes round its circle without stirring from its center. Now our center is God from whom all our actions should spring as from their source..." Catherine McAuley

**If you have questions or need additional information, please call Alisa Johnson, at (530) 926-9318 or email:
Alisa.Johnson@chw.edu**