

**TEHAMA 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"/> Where the Need is Greatest - SECH | <input type="checkbox"/> Golden Umbrella |
| <input type="checkbox"/> Works of the Sisters | <input type="checkbox"/> Shasta Senior Nutrition Programs |
| | <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: _____ Work Phone: _____

Home Phone: _____ Date: _____

**Please return completed, signed and dated form to
Martha McCoy-Nagel, MFN Tehama County Development Officer, SECH-Coyne Center
via interoffice mail**

**or postal mail addressed to:
Mercy Foundation North, St. Elizabeth Community Hospital, Coyne Center, 2550 Sister Mary Columba Drive, Red Bluff, CA 96080-9918**

"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 Martha McCoy-Nagel, at (530) 529-8016 or email:
martha.mccoy-nagel@chw.edu**