



Singing River

Foundation

Payroll Deduction Authorization Form

100% of your contribution goes to helping locals in need.

Name: _____

Address: _____ City: _____ State: _____

Employee ID# _____ Department: _____

By signing below, I authorize Singing River Health System to deduct \$_____ every pay period.

Signature: _____

I wish to have my gift remain anonymous.

Thank you for #BeingTheGood!

Please return completed form to Human Resources or to Foundation. Can be faxed to 228-818-4014 or scanned and emailed to SingingRiverFoundation@mysrhs.com. For questions please call 228-818-4011.