

## **W.A.T.C.H. MEMBERSHIP**

I authorize Northeast Georgia Health System to deduct the following amount through a payroll deduction as my tax-deductible gift to W.A.T.C.H.

### **Laurel Society Level**

\$129/pay period (\$10,000/3 years)

### **Platinum Level**

\$75/pay period (\$1,950/year)

\$40/pay period (\$1,000/year)

### **Gold Level**

\$20/pay period (\$500/year)

### **Silver Level**

\$10/pay period (\$250/year)

### **Bronze Level**

\$7/pay period (\$180/year)

\$4/pay period (\$100/year)

### **I would like my tax-deductible gift to benefit:**

Where needed most

OR  Cancer  Cardiac  Children

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employee #: \_\_\_\_\_ Date: \_\_\_\_\_

### **I would like my W.A.T.C.H. shirt to be:**

Golf Shirt ( male or  female)

Oxford Shirt ( male or  female)

Scrub Shirt ( one-pocket or  two-pocket)

S  M  L  XL  2X  3X

### **Print your name as it should appear in recognition:**

\_\_\_\_\_  
 I prefer my gift NOT be publicly recognized.

*I understand this donation remains active until I change this authorization by notifying The Medical Center Foundation.*