



DEAR PARTNER:

The United Hospice Foundation / Pruitt Cares is a non-profit organization whose purpose is to provide ministry and support within the communities UHS Pruitt serves to assist with individual and organizational involvement in the communities where we live and work and make a difference in our company by teaching and modeling our core values.

The **Pruitt Cares** portion of this program will be used entirely for assistance. The foundation's administrative costs will not be funded by any of your charitable contributions.

You are invited to participate through voluntary, tax-deductible contributions. If you would like to help, please fill out the payroll deduction authorization below.

United Hospice Foundation / Pruitt Cares PAYROLL DEDUCTION AUTHORIZATION Please Print Clearly	
Date: _____	Facility Name/Company #: _____
Name: _____	
Beginning _____ (start date) please deduct \$ _____ from my payroll check each pay period (26 pay periods per year). I understand I may change this deduction amount twice a year, in January and July. I also understand I may stop this deduction at any time during the year.	
I would like my contribution each pay period to be used for:	
Pruitt Cares \$ _____ (per pay period) &/or United Hospice Foundation \$ _____ (per pay period) for a TOTAL of \$ _____ (per pay period)	
Partner's Signature: _____	

Name: _____	Date: _____
<input type="checkbox"/> I do not wish to participate in the payroll deduction program at this time.	
Partner's Signature: _____	