

Your donation stays locally in our community and will assist Fairchild Medical Center in providing and expanding access to quality health care in our community.

EMPLOYEE DONORS MAKING CONTRIBUTIONS WILL RECEIVE:

- A special pin for name badge
- Recognition on the Annual Giving Wall in Lobby & FMCF Newsletter
- Any contributions totaling \$100 or more annually makes you eligible for the "Pinnacles of Giving Society".
- A Lifetime cumulative total of \$5,000 or more or contributors of \$500 annually receive a yearly invite to Donor Dinner.
- Initial gift for signing up for payroll deduction, and yearly gift.

HOW TO GIVE

Payroll deductions:

Exp. Date:

CVC Code:

•	\$	per pay	period
	I authorize the	following	payroll dedu

iction to be donated to Fairchild Medical Center Foundation. I acknowledge that this is voluntary on my part and the authorization may be withdrawn by me at any time.

GIFT DESIGNATION:

Where the need is greatest - General Fund	\$				
• Future Building Fund - Restricted Foundation Fund	\$				
EMPLOYEE SIGNATURE:					
Check/Cash:					
Credit Card:					
Name on Card:					
Credit Card #					

LEARN MORE ABOUT THE FOUNDATION

Circle if Interested

- **VOLUNTEER OPPORTUNITIES**
 - **O HEALTHY KIDS FAIR**
 - GOLF TOURNAMENT
 - **O SHARE THE MAGIC**
- **NEWSLETTER**
 - WRITE ARTICLES
 - SIGN UP TO RECIEVE

Contact Information

Name	
Address	
City. ST. Zip	
Email	
Phone	
Date	



530.841.6239 or X 6239



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fairchildmed.org/foundation