

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Signature: _____

Email: _____

Team Member # (if applicable): _____

Credit Card donations are accepted online at hrhf.org.

Please contact me. I would prefer to make a one time donation.

I would like to donate my PTO.

THE
Cherish
CAMPAIGN

Yes, I want to help!

\$5 per pay period (\$130/year)

_____ per pay period (\$_____/year)

\$50 per pay period (\$1,300/year)

Payroll deduct to run January 1 - December 31, 2017.



Hannibal Regional
Foundation

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