



# Redwood Area Hospital

100 Fallwood Road  
Redwood Falls, MN 56283-1828  
(507) 637-4500 • FAX (507) 697-6000  
www.redwoodareahospital.org

## Redwood Area Hospital Employee Contribution Form

I hereby authorize Redwood Area Hospital to make payroll deductions of \$\_\_\_\_\_ biweekly for voluntary contributions to the Redwood Area Hospital Foundation.

I understand that deductions of \$\_\_\_\_\_ will be made on a biweekly basis until I notify my employer to discontinue such deductions or until I am notified by my employer that payroll deductions are being discontinued.

Donation designated to \_\_\_\_\_

Donation made in memory of \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Contributions are tax-deductible.

Please return to Foundation Director. (ext. 4668)

*Caring People...Caring for People*