



Power of Pink Breast Care Fund Campaign

PAYROLL DEDUCTION/PTO DONATION AUTHORIZATION FOR POWER OF PINK CAMPAIGN

In support of UNC Health Nash Foundation's Power of Pink Campaign benefiting the Foundation Breast Cancer Fund, I authorize the following **payroll deduction** in my next two (2) paychecks in the amount of -
\$ _____

OR

In support of the UNC Health Nash Foundation's Power of Pink benefiting the Foundation Breast Cancer Fund,

I authorize the following donation of _____ **Paid Time Off (PTO)** hours at the estimated value of \$ _____

***If my employment with Nash Health Care Systems should terminate, I understand and agree that the balance due on my ticket(s) will be deducted from my last paycheck.*

Employee Name (Please Print)

Employee Number

Employee Signature

Date

Employee Name:
Employee Address:
City, State Zip:
Employee Email:
Total Donation:

Honoree Name:		
	<input type="checkbox"/> In Celebration/Honor	<input type="checkbox"/> In Memory
Please send acknowledgement card to:		
Name:		
Address:		
City, State Zip		



Please send signed copy to
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