

**PAYROLL DEDUCTION AUTHORIZATION FORM  
CGH HEALTH FOUNDATION  
STERLING, ILLINOIS**

Employee # \_\_\_\_\_ Employee Name \_\_\_\_\_ Dept \_\_\_\_\_

**Deduction – CGH Health Foundation Silent Auction**

Basket # \_\_\_\_\_ won ..... \$ \_\_\_\_\_

Basket # \_\_\_\_\_ won ..... \$ \_\_\_\_\_

Basket # \_\_\_\_\_ won ..... \$ \_\_\_\_\_

Basket # \_\_\_\_\_ won ..... \$ \_\_\_\_\_

Basket # \_\_\_\_\_ won ..... \$ \_\_\_\_\_

**Total Amount of Deduction ..... \$ \_\_\_\_\_**

I understand that should I terminate my employment with the hospital before the total amount has been deducted, the balance will be deducted from my final paycheck.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Instructions:**

1. Fill out form completely
2. Sign and Date
3. Send to Amanda Blaine, CGH Health Foundation, or bring with you when you pick up your basket(s).

Incomplete forms will be returned to the employee.