

# 100 Days of Hope

First Name

Last Name

Address

City/State/Zip

Home Phone

Cell Phone

Email

CHR Location/Department

## My Total Annual Gift \$

Method of Payment:

Check (Please make checks payable to CHR)

Payroll Deduction

\$ \_\_\_\_\_ per paycheck for \_\_\_\_\_ # of pay periods

Credit Card/Online - [Click Here](#)

Cash

By checking this box and typing my name and date below, I am electronically signing my pledge form.

Date:

Please keep my donation confidential

**Thank you for your gift! Together we are giving our clients Real Hope for Real Life.**

Please choose **one** gift and size (if applicable):

CHR LL Bean Fleece Vest (\$70+) **OR** CHR 2019 Fleece Jacket (\$80+)

Size: **Mens** **Womens** S M L XL 2XL 3XL

CHR Umbrella (\$40+)

CHR Water Bottle (\$25+)

CHR Tee Shirt (\$15+)

Size: S M L XL 2XL 3XL

CHR Lunch Bag (\$10 and under)

CHR Mask (\$10 and under)

## Thank You!

For more information or questions regarding the 2020 employee giving campaign please contact

**Katie Reaves at [kreaves@chrhealth.org](mailto:kreaves@chrhealth.org) or 860-697-3381**

**\*\*Please email your pledge form to Katie Reaves at [kreaves@chrhealth.org](mailto:kreaves@chrhealth.org).\*\***

**\*\*Checks can be mailed to the Windsor Main Office\*\***