



DONATION FORM

HealthNet is a designated 501 (c) (3) organization. All donations are tax deductible to the extent allowed by the law.

I/We wish to support HealthNet, Inc. and its community health centers with a gift of:

- \$50 \$250 \$1,000 \$2,500
- \$100 \$500 \$1,500 Other \$ _____

I/We wish to designate this gift as:

- Better Indy Babies/Healthy Families Homeless Initiative Program
- Emergency Fund for Patients Unrestricted

Name as it should appear in HealthNet, Inc. donor recognition publications.

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Gift Donation Method:

- Check MasterCard Visa Discover

Credit Card Number: _____

Expiration Date: _____ 3-Digit Security Code: _____

Name on Credit Card: _____

Signature: _____ Date: _____

For more information, contact Tricia Tomson, Development Specialist, at (317) 781-4918 or tricia.tomson@indyhealthnet.org.





EMPLOYEE PAYROLL DEDUCTION FORM

Return completed form to:
HealthNet Administration
Attn: Tricia Tomson
3401 E. Raymond Street
Indianapolis, IN 46203
or fax to (317) 781-4868

Employee Information:

Name: _____ Employee ID#: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

HealthNet Location: _____ Program/Department: _____

Gift Information (Please choose one of the following options):

- I wish to make a gift through Clarian payroll deduction in the amount of \$ _____ per pay for 26 pay periods beginning _____ (month/day/year) for a total gift of \$ _____.
- I wish to make a one-time gift through Clarian payroll deduction in the amount of \$ _____ for the pay period beginning _____ (month/day/year).
- I wish to make a multiple-year gift commitment of \$ _____ per year for _____ years for a total gift of \$ _____. **Please Note:** The amount will be evenly distributed through payroll deduction over 26 payments each year of gift pledge.

I wish to designate this gift as:

- Better Indy Babies/Healthy Families
- Homeless Initiative Program
- Emergency Fund for Patients
- Unrestricted

Employee authorizes Clarian Health to deduct and withhold payroll deduction from each bi-weekly pay until the entire gift amount has been paid. The employee may revoke this authorization at any time by providing the Clarian Health Payroll Department (950 N. Meridian Street, Ste. 1200, Indianapolis, IN 46204) with written notification. HealthNet is a designated 501 (c) (3) organization. All donations are tax deductible to the extent allowed by the law. For more information, please contact Tricia Tomson, Development Specialist, at (317) 781-4918 or tricia.tomson@indyhealthnet.org.

Employee Signature (required): _____ Date: _____



Thank you for making a difference.