



2024 Cherry Champions Donation Form

Thank you for partnering with Cherry Health Foundation to support the programs and services that are important to Cherry Health patients! Your donation is eligible for tax deduction.

Donor Information	
Name (include spouse, if applicable)	
Work Location	
Home Address	
City, State, Zip Code	
Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
E-Mail	

I/We request to be listed as Anonymous in all donor recognition.

Payroll Deduction	OR	One Time Gift
Step 1: <input type="checkbox"/> \$5 per pay period <input type="checkbox"/> \$10 per pay period <input type="checkbox"/> \$25 per pay period <input type="checkbox"/> \$_____ per pay period		Step 1: <input type="checkbox"/> Gift Amount: \$_____
Step 2 (please choose one): <input type="checkbox"/> Automatically-Renew Annually* <small>*receives thank you gift</small> <input type="checkbox"/> 26 pay periods (12 months) <input type="checkbox"/> Until \$_____ total is given.		Step 2: <input type="checkbox"/> Donated Online – bit.ly/cherrychamps <input type="checkbox"/> Check for <i>Cherry Health Foundation</i> enclosed. <input type="checkbox"/> Credit Card (VISA, MasterCard, AmEx or Discover) Credit Card #: _____ Exp. Date: _____ <input type="checkbox"/> Contact me: _____
<input type="checkbox"/> I/We decline the 'thank you gift.'		

Date	Signature

Mail completed form to: Cherry Health Foundation
 Heart of the City Health Center
 100 Cherry Street SE
 Grand Rapids MI 49503

Or scan then e-mail to: foundation@cherryhealth.com

Payroll deductions will begin the first pay period after this form is received, unless otherwise requested.

Questions, or to change deductions: 616.965.8254 or foundation@cherryhealth.com