Cherry Health Foundation

2026 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	❑ Cell ❑ Work ❑ Home
E-Mail	

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

Payroll Deduction

Step 1:

- ❑ $25 per pay period
- ❑ $10 per pay period
- ❑ $5 per pay period
- ❑ $_____ per pay period

Step 2 (please choose one):

- ❑ Automatically-Renew Annually
- ❑ 26 pay periods (12 months)
- ❑ Until $_____ total is given.

❑ *I/We decline the 'thank you gift.'*

OR

One Time Gift

Step 1:

- ❑ Gift Amount: $_____

Step 2:

- ❑ Donated Online – bit.ly/cherrychamps
- ❑ Check for *Cherry Health Foundation* enclosed.
- ❑ Credit Card (VISA, MasterCard, AmEx or Discover)
  Credit Card #: _____
  Exp. Date: _____
- ❑ Contact me: _____

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