



Beth Israel Deaconess  
Medical Center

[www.bidmc.org/giving](http://www.bidmc.org/giving)

## Employee Giving Payroll Deduction Pledge Form

### Employee Information (please print):

Name:					
Department:				Work Phone:	
Home Address:					
City:		State:		ZIP Code:	

### Gift Information:

I would like to support Beth Israel Deaconess Medical Center Annual Fund (Budget-Relieving) with a gift of \$\_\_\_\_\_

### Payment Information:

- I wish to have my gift payroll deducted:
- One-time deduction
  - Deduct over the remainder of the calendar year

Employee ID:	
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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign and return (by fax, or scan and email) this form to the Office of Development:**

**FAX:** 617-667-7340

**MAIL:** Sophia Sid  
Office of Development  
Beth Israel Deaconess Medical Center  
330 Brookline Avenue (BR)  
Boston, MA 02215

**EMAIL:** [ssid@bidmc.harvard.edu](mailto:ssid@bidmc.harvard.edu)

**DROP OFF:** Office of Kristine Laping, Senior Vice President of Development,  
Feldberg 208

**Questions?** Contact Sophia at 617-667-7430 or [ssid@bidmc.harvard.edu](mailto:ssid@bidmc.harvard.edu)

**Thank you for your generous gift and dedicated work!**