



COXHEALTH FOUNDATION

EMPLOYEE PAYROLL DEDUCTION FORM

**RED HOT NIGHT DOWNTOWN
Thursday, March 18, 2010
5:30 pm – 8:30 pm
Zan The Club (311 S. Patton Ave.)
\$40.00 per person**

Employee Name: _____

Employee ID Number: _____

Dept. Name/Location: _____

**I hereby authorize \$_____ to be deducted from my next
paycheck.**

Signature: _____ **Date:** _____

Home Address: _____

**If purchasing more than one ticket, please enter names of
additional attendees:** _____

**Return through interoffice mail to:
Foundation, Medical South, Suite 204**