



COXHEALTH FOUNDATION

EMPLOYEE PAYROLL DEDUCTION FORM

FOOD FOR WOMAN'S HEART LUNCHEON

February 25th, 2010

11:00 a.m. – 1:00 p.m. (lunch at Noon)

Touch Restaurant

\$18.00 per person

Extra parking/shuttle service will be available at Campbell United Methodist Church (across the street from Touch)

Employee Name: _____

Employee ID Number: _____

Dept. Name/Location: _____

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

Signature: _____ Date: _____

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