



**Employee Information** \* indicates a required field

Your Name \* \_\_\_\_\_

Employee ID # \* \_\_\_\_\_

Center/Department \* \_\_\_\_\_

Cost Center # \* \_\_\_\_\_

Email Address \_\_\_\_\_

**I WANT TO HELP!**

**Enclosed is my donation for \$** \_\_\_\_\_  
*(Please make checks payable to Bright Horizons Foundation for Children)*

**OR**

**I would like to give by Payroll Deduction:**

***Please indicate the amount per pay period you would like to donate to children in crisis***

\$1 per pay period (\$26 a year)

\$5 per pay period (\$130 a year)

\$2 per pay period (\$52 a year)

\$10 per pay period (\$260 a year)

Other: \_\_\_\_\_

***Or, I would like to make a one-time payroll deduction for:***

\$10

\$50

\$25

\$100

Other: \_\_\_\_\_

**Mail this completed form to:**

Bright Horizons Foundation for Children  
105 Westwood Place, Ste. 125  
Brentwood, TN 37027

*A recurring payroll deduction can be set up, or a one-time gift can be deducted from your next payroll check. Your payroll stub serves as the record of your donation.*