



Be a GEM, join the BMH Foundation!

Legal Name (Dr./Mr./Mrs./Ms.): _____

Home Address: _____

Employee ID #: _____ (leave blank if you do not know)

Giving Levels:

- 120 – Minute Club Member
- 90 – Minute Club Member
- 60 – Minute Club Member
- 30 – Minute Club Member
- Friends Club Member
 - I authorize \$_____ per period as my level of giving. (Minimum payroll deduction of \$2 per pay period).

By signing up for Employee Giving, I authorize the above selected giving level of pay for each pay period through payroll deduction.

If I am a 30/60/90/120 Minute Club Member, my hourly rate will be used to calculate my gift amount. I understand that 30/60/90/120 Minute giving levels will be recalculated as my salary changes. My signature authorizes an ongoing deduction that will continue until I notify BMH Foundation of a change or I leave BMH employment.

I understand that I must be enrolled for a minimum of 90 days.

Signature: _____

Date: _____

Email form to bmhfoundation@bmhsc.org