

# Inspired Giving

## Payroll Deduction Form

### Pledge to give and make a difference today.

When you donate to the Healthy Alaska Natives Foundation, your money goes to supporting programs that fill existing needs and inspire good health.

By supporting the Foundation, you help improve the health and wellbeing of Alaska Native families across the state. You can choose from funds that touch your heart, including supporting children, improving cancer care, assisting suicide prevention, and more. Making a donation is a personal decision. Whatever you choose to give will make a positive difference in the lives of our people. And your gifts, energy and passion are even more powerful when you share them with others!

### Please select a fund:

#### Area of Greatest Need

#### Special Funding Need

#### Patient Care

- ANMC Oncology & Cancer Care Fund
- Surgical Services Fund
- ANMC Level II Trauma Center Fund
- Improvements at Medical Facilities Fund
- Patient Assistance Fund
- Health Education Fund (Knowledge for medical professionals & patients)

#### Healthy Kids

- Camp Arctic Fund for kids with arthritis
- Kids Wing at ANMC Fund (Pediatrics)
- Lori Lange Memorial Toy Fund
- Camp Coho Fund (Kids dealing with loss)
- Maternal & Child Health Fund

#### Healthy Communities

- Elder Health Fund
- Mindy Schloss Memorial Fund for Suicide Prev
- Wellness & Prevention Fund
- Oral Health Fund
- Healthy Village Environments Fund

## Please select an amount:

	AMOUNT/PAY PERIOD	PAYMENTS/YEAR	ANNUAL AMOUNT
<input type="checkbox"/>	\$5.00	26	\$130
<input type="checkbox"/>	\$10.00	26	\$260
<input type="checkbox"/>	\$15.00	26	\$390
<input type="checkbox"/>	\$20.00	26	\$520
<input type="checkbox"/>	\$25.00	26	\$650
<input type="checkbox"/>	\$30.00	26	\$780
<input type="checkbox"/>	\$35.00	26	\$910
<input type="checkbox"/>	\$40.00	26	\$1040
<input type="checkbox"/>	\$45.00	26	\$1170
<input type="checkbox"/>	\$50.00	26	\$1300
<input type="checkbox"/>	Other \$ _____	_____	\$ _____

## Contact Info

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMPLOYEE ID # \_\_\_\_\_

(located on back of badge)

By submitting this form, you are authorizing your donation to the Healthy Alaska Natives Foundation until you indicate otherwise. Please submit via interdepartmental mail by addressing it to C-HANF or by email at [info@InspiringGoodHealth.org](mailto:info@InspiringGoodHealth.org).



To learn more, visit [www.inspiringgoodhealth.org/workplacegiving](http://www.inspiringgoodhealth.org/workplacegiving)

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