

MONDAY, MAY 13, 2024 TAVISTOCK COUNTRY CLUB HADDONFIELD, NJ



Please respond by April 19, 2024

PAYROLL DEDUCTION AUTHORIZATION

BY COMPLETING THIS FORM, I AUTHORIZE INSPIRA HEALTH TO DEDUCT FROM MY BI-WEEKLY NET EARNINGS ALL REQUIRED MINIMUM BALANCES DUE AND OWED AS A RESULT OF MY INDICATED TRANSACTION UNTIL PAID IN FULL. In the event of my termination from employment with Inspira Health, I agree to have all monies owed under this payroll deduction agreement deducted from any earnings due to me.

Registration:					
Golfer Ticket(s) *Includes the cocktail reception	at \$500 each =	Payroll de	Payroll deductions will begin on the May 17, 2024 check		
Cocktail Reception(s) ON	LY at \$100 each =	on the M			
т	otal Amount Enclosed =				
Deductions to be Made:	☐ One-time, Paid in Full	Over 2 Pay Periods	Over	6 Pay Periods	
First Name	Last N	Last Name		Last four digits of SSN	
Inspira Department	Locati	Location/Campus			
Home Address	City		State	Zip	
Phone	Email	Email			
Authorized Signature			Date		
Golfers	Pre	ferred Shotgun Start	□ AM	☐ PM	
Player 1	Email				
Player 2	Email				
Player 3	Email				
Player 4	Email				

Email completed form to InspiraFoundation@ihn.org or mail to 159 Bridgeton Pike, Mullica Hill, NJ 08062.

Reservations will be confirmed upon receipt of payment.