



**NORMAN  
REGIONAL**  
Health System

**FOUNDATION**

Benefiting Organization: Norman Regional Health Foundation

Event: iGive 2022

Quantity	Item	Description	Amount
	Jeans Day OR Extra T-Shirt Monday	Single Day Pass	\$5.00
	Jeans Day OR Extra T-Shirt Monday	Five Day Pass	\$25.00
	OU Football Raffle	Single Raffle Ticket	\$5.00
	OU Football Raffle	3 Ticket Pack	\$10.00
	Thunder Raffle	Single Raffle Ticket	\$5.00
	Thunder Raffle	3 Ticket Pack	\$10.00
	Toby Keith Guitar Raffle	Single Raffle Ticket	\$5.00
	Toby Keith Guitar Raffle	3 Ticket Pack	\$10.00
	HPX Parking Raffle	Single Raffle Ticket	\$5.00
	HPX Parking Raffle	3 Ticket Pack	\$10.00
	POR Parking Raffle	Single Raffle Ticket	\$5.00
	POR Parking Raffle	3 Ticket Pack	\$10.00

**Total Amount to be Paid:** \$ \_\_\_\_\_

**Payment Form:**    \_\_\_Cash    \_\_\_Check    \_\_\_Payroll Deduct (*Complete Section Below*)

**AUTHORIZATION FOR PAYROLL DEDUCTION**

*Amount deducted per pay period \$ \_\_\_\_\_ (minimum \$20.00) x \_\_\_\_\_ (maximum of 2) pay periods.*

**NOTE: Any amount less than \$20.00 will be deducted from one paycheck to meet the allowed minimum deduction.**

***\*\*Deductions will begin immediately\*\****

*I authorize Norman Regional Hospital to automatically deduct the amount listed above from my paycheck(s). If I terminate my employment before I have paid the full amount, I agree to have the balance taken out of my final paycheck.*

Employee Name (Please Print) \_\_\_\_\_ Phone: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Number \_\_\_\_\_ Department \_\_\_\_\_