## Tel Hai Development, Inc. – Team Member Payment Authorization Form

☐ One-Time Charge	☐ Initial .	Authorization	☐ Change Payment
I hereby authorize Tel Hai Development, Inc. to charge \$ from my:  Payroll Deduction			
Beginning Date: Ending Date (if applicable):			
Please Choose One:	Every Pay Deduction	One-Time Dedu	ction
Credit Card Number:	□Visa □Master		a □AMEX
Exp. Date:	Security Code:		
Please direct my gifts in the following way:  Care Assurance Fund Good Samaritan Fund Other (Restricted)			
You may use your contribution to remember a favorite resident or loved one. Or $-$ say thanks to a co-worker or friend with a gift in honor.			
☐ I would like my gift to be in honor of ☐ I would like my gift to be in memory of ☐ I wish to remain anonymous for purposes of donor recognition.			
Please <b>PRINT</b> the following information for your account:			
Team Member Name		Dept.	
Team Member		/	/
Tel Hai Development, Inc. is a registered 501.c.3 charitable organization. In accordance with Pennsylvania law, we are required to advise you that a copy of our official registration and financial information may be obtained from the Pennsylvania department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.			

For Office Use Only:

■ Development Office

Taken to Finance Office

Please return this form and inquires to:

Tel Hai Development Office PO Box 190 Honey Brook, PA 19344 telhaidevelopment@telhai.org

610-273-9333 x. 2039