



Windsor Regional Hospital Family Giving Campaign

PLEDGE ALTERATION FORM

Date: _____

Name: _____

Department: _____

Phone Ext: _____

Action Requested: (please check below)

- ADJUSTMENT:** I wish to change my current payroll deduction from \$ _____ per pay to \$ _____ per pay.

- CANCELLATION:** I wish to cancel my contribution.

Reason? _____

Comments: _____

Signature: _____