

2021 SAMARITAN
CASH *Raffle*

Payroll Deduction Authorization

I authorize payroll to deduct \$_____ (bi-weekly) from my paycheck for the next
 1 2 3 4 (please check one option) paychecks to cover the \$_____ cost
to purchase _____ tickets for the Samaritan Cash Raffle.

I understand that if my employment is terminated with Agnesian HealthCare prior to finalizing
the \$_____ total payment, the remaining amount will be deducted from my final paycheck.

DEDUCTIONS PER PAY PERIOD	ONE TICKET: \$50	FOUR TICKETS: \$150	NINE TICKETS: \$300
One Pay Period	\$50	\$150	\$300
Two Pay Periods	\$25	\$75	\$150
Three Pay Periods	\$16.67	\$50	\$100
Four Pay Periods	\$12.50	\$37.50	\$75

SSM Health **six-digit** Workday Employee Number (not Agnesian ID number): _____

Employee Name (Print): _____

Department: _____

Work Extension & Home/Cell Phone: _____

Employee Signature: _____ Date: _____

Please fill out ticket(s) and paper clip to this form.

Tickets can be obtained at the St. Agnes Hospital information desk, gift shop, foundation office,
as well as multiple satellite locations. Visit agnesian.com/cashraffle for current ticket sites.



**Please return this form to the Agnesian Healthcare Foundation office.
Deductions can be taken over a maximum of four paychecks.**