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Learn more about this fund and how to make a donation by check or credit card at bw.care/heartstohands.

Yes! I want to help US-based BW team members when they are in need.

Donor Information (please print)

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COMPANY

Payroll Deduction

I pledge \$_____ per pay period (26/year)

Signature (sign below to authorize your payroll deduction pledge)

SIGNATURE

DATE

*Please return this pledge card to your local People Team representative.
Thank you for your generosity!*