



ACMH | Foundation

# Spring Fling & HANDBAG THING

I would like to use **ACMH PAYROLL DEDUCTION** to purchase my tickets for the ACMH Foundation Spring Fling & Handbag Thing that will take place on March 14, 2026.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Full Name \_\_\_\_\_

Department \_\_\_\_\_

Employee Identification Number \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Number of tickets at \$40 each - \_\_\_\_\_ = \$ \_\_\_\_\_

Number of 8 person tables at \$300 each - \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL COST - \$ \_\_\_\_\_

I do hereby authorize ACMH Hospital to deduct the TOTAL sum of \$ \_\_\_\_\_ from my earnings payable to ACMH Hospital. (Tickets are non-refundable.)

Deduction will follow the schedule below:

- \$40.00 - 1 pay (Mar 19, 2026)
- \$80.00 - 3 pays (Mar 19, Apr 2, Apr 16, 2026)
- \$120 and above - 4 pays (Mar 19, Apr 2, Apr 16, April 30, 2026)

In the event of leave of absence or separation for any reason, balance due in full from final paycheck or payable by check within 14 days of leave or separation if the final pay has occurred. Failure to comply will result in loss of payroll deduction privileges for all merchandise/food in the future.

**\*PLEASE DROP THIS FORM AT THE HUMAN RESOURCES OFFICE DURING REGULAR BUSINESS HOURS, OR AFTER HOURS IN THE SECURE DROPBOX JUST OUTSIDE OF THE DOOR.**

If you have any questions regarding this payroll deduction request, please contact Jackie Lowes at x3561 or lowesj@acmh.org.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TICKET RESERVATIONS ARE DUE BY MARCH 6, 2026.**