



UnityPoint Health – Marshalltown Auxiliary Poinsettia Sale

Indicate quantity by color choice:

_____ Red _____ White _____ Pink _____ Burgundy _____ Jingle Bells (red & white mix)

Total # @ \$10.00 each: _____ (Total Amount to deduct)

Name (print) _____ Employee Number _____
Department _____

I authorize this amount to be deducted from my payroll for one time only.

Signature _____ Date _____



UnityPoint Health – Marshalltown Auxiliary Poinsettia Sale

Indicate quantity by color choice:

_____ Red _____ White _____ Pink _____ Burgundy _____ Jingle Bells (red & white mix)

Total # @ \$10.00 each: _____ (Total Amount to deduct)

Name (print) _____ Employee Number _____
Department _____

I authorize this amount to be deducted from my payroll for one time only.

Signature _____ Date _____



UnityPoint Health – Marshalltown Auxiliary Poinsettia Sale

Indicate quantity by color choice:

_____ Red _____ White _____ Pink _____ Burgundy _____ Jingle Bells (red & white mix)

Total # @ \$10.00 each: _____ (Total Amount to deduct)

Name (print) _____ Employee Number _____
Department _____

I authorize this amount to be deducted from my payroll for one time only.

Signature _____ Date _____