

**“GENEROSITY AT WORK”**

***EMPLOYEE GIVING CAMPAIGN 2022***

**EMPLOYEE PAYROLL DEDUCTION/GIVING FORM**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like to donate the following amount per pay period\*:**

$ \_\_\_\_\_\_\_ (minimum $5 per pay period)

**All gifts are deducted until further notice.**

**\*NOTE:**

□ **This replaces my current payroll deduction OR** □ **This is in addition to my payroll deduction**

**One-time gift in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□ Attached is my check

□ Please charge my credit card

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you like your name listed in donor recognition materials?

(Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fax or return this form to:**

**Pullman Regional Hospital Foundation**

**Stephanie Pierce, Director of Development, Annual Giving**

**Corporate Pointe, Suite 200**

**Office (509) 332-2044 | Fax (509) 332-2111**

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| **Internal Use Only**  Foundation Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  HR Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Deduction Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Per Pay Period Deduction Amount: \_\_\_\_\_\_\_\_\_ Annual Deduction Amount $ \_\_\_\_\_\_\_\_\_ |

**PRH Foundation will provide employee with copy of completed pledge.**

**Gifts are tax deductible to the extent provided by law.**