



**“GENEROSITY AT WORK”**

**EMPLOYEE GIVING CAMPAIGN 2024**

**EMPLOYEE PAYROLL DEDUCTION / GIVING FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Department / Location \_\_\_\_\_

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

\$ _____ (minimum \$5 per pay period)
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**\*NOTE: All gifts are deducted until further notice.**

- This is my first payroll deduction
- This replaces my current payroll deduction
- This is in addition to my current 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**

<b>Internal Use Only</b>	
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.*