



## EMPLOYEE GIVING FORM

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Employee number: \_\_\_\_\_ Department: \_\_\_\_\_

Email address: \_\_\_\_\_  I would like to remain anonymous.

Phone: \_\_\_\_\_

*Your donation will be used to support programs and projects tied to Phelps Health's mission to provide high-quality, accessible healthcare.*

### Please check the option(s) that apply to your donation:

**Recurring Gift (your recurring gift will continue until directed otherwise):**

Payroll Deduction: Please deduct \$\_\_\_\_\_ per pay period.

*To utilize payroll deduction, you must give a minimum of \$1.00 per pay period.*

I am a current donor and would like to update my giving to \$\_\_\_\_\_ per pay period.

I would like to make a monthly recurring gift by debit or credit card.

Card #: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_ Monthly amount: \_\_\_\_\_

PDO Deduction: Please deduct \_\_\_\_\_ PDO hours per pay period.

*An employee must have at least 40 PDO hours remaining in their PDO bank after the deduction. Taxes are deducted on all PDO hours.*

**One-Time Gift:**

One-Time Payroll Deduction: Please deduct a one-time gift of \$\_\_\_\_\_ from my next applicable paycheck.

One-Time PDO Deduction: Please deduct \_\_\_\_\_ PDO hours from my next applicable paycheck.

*An employee must have at least 40 PDO hours remaining in their PDO bank after the deduction. Taxes are deducted on all PDO hours.*

I would like to make a one-time gift by check.

*Please include a check payable to the Phelps Health Foundation along with this form.*

I would like to make a one-time gift with cash for \$\_\_\_\_\_.

I would like to make a one-time gift by debit or credit card.

Card #: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_ One-time amount: \_\_\_\_\_

**Submit your form via email to [lauralight@phelpshealth.org](mailto:lauralight@phelpshealth.org) or drop your printed copy off at the Foundation office, 907 West 12th Street, Rolla, Missouri.**

