



## 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 in one of the following ways:

- Click the "Submit Form" button at the bottom of this page.
- Save the form to your computer and email to: [foundation@phelpshealth.org](mailto:foundation@phelpshealth.org).
- Interoffice mail to the Phelps Health Foundation.
- Drop off at the Foundation office, 907 West 12th Street, Rolla, Missouri.

**For questions, please call (573) 458-7759 or email [lauralight@phelpshealth.org](mailto:lauralight@phelpshealth.org).**

**Submit Form**

