



PHYSICIAN AND PROVIDER 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:

- Save the form to your computer and email to: 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) 458-7143 or email foundation@phelpshealth.org.