

IT *begins* WITH US

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 the mission of improving the health and wellness of people in our region.

Please check from the following:

☐ **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 gift 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.**

Credit 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 pay check.

☐ **One-Time PDO Deduction** - Please deduct _____ PDO hours from my next applicable pay check.

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 Phelps Health Foundation 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.**

Credit Card #: _____ Expiration Date: _____ One-Time Amount: _____

To submit your form:

- * Click "Submit Form" button at the bottom of this page
- * Save form to computer and attach in an e-mail to foundation@phelpshealth.org
- * Interoffice mail to Phelps Health Foundation
- * Drop off in Foundation office (near hospital main entrance)

For any questions, please call (573) 458-7143 or email foundation@phelpshealth.org.

Proceeds Benefit



Phelps Health
FOUNDATION