



EMPLOYEE DONATION FORM 2017

Please complete this form in its entirety and return to:

Dignity Health Foundation East Valley
1727 West Frye Road, Suite 230, Chandler, AZ 85224

Fax: (480) 728-3945

Questions: (480) 728-3931

OR

Give On-line through Employee Self Service, click employee giving, and follow instructions.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Employee No: \_\_\_\_\_ Department: \_\_\_\_\_

\*Your Employee ID number can be found on your paycheck. It is NOT the number on your ID badge.

Option - 1: CASH/CHECK:

Amount: \$ \_\_\_\_\_ Check is enclosed: [ ] Check Number: \_\_\_\_\_

Note: Please make check payable to Dignity Health Foundation East Valley

Option - 2: CREDIT CARD:

Type: [ ] Visa [ ] MasterCard [ ] Discover [ ] American Express

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Option 3: - PAYROLL DEDUCTION:

Please deduct \_\_\_\$50 \_\_\_\$25 \_\_\_\$20 \_\_\_\$10 \_\_\_\$5 \_\_\_\$other per pay period.

Note: By signing, you understand that any ongoing cash donation election will be in effect until discontinuance is requested by you in writing or by on line request through Employee Self Service.

Option 4: - PTO DEDUCTION:

A one-time donation of \_\_\_\_\_ PTO hour(s). An ongoing donation of \_\_\_\_\_ PTO hour(s) per pay period.

Note: In order to donate the PTO hours elected, you must have a minimum of 80 hours in PTO account at the time of election. If there are insufficient hours to cover, no donation will occur. PTO donations are subject to all applicable payroll taxes and will be reported as wages on the IRS W-2 form in the calendar year in which the PTO hours are donated. Any ongoing PTO donation election will be in effect until discontinuance is done in writing or by on line request through Employee Self Service.

I would like my donation to benefit (please check only one):

- \_\_\_ Mercy Gilbert Medical Center, Area of Greatest Need
\_\_\_ Chandler Regional Medical Center, Area of Greatest Need
\_\_\_ Dignity Health Community Programs in the East Valley
\_\_\_ Other \_\_\_\_\_ (write in Employee HERO Fund)

DONOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Thank you for your gift to the Foundation!

The Foundation is a 501(c)(3) organization and does not provide goods or services in consideration for contributions via payroll deduction. Contributions are tax deductible as allowed by law, and a gift to the HERO fund is not a tax deductible donation.

Want to learn more about the Foundation, make a onetime gift?
Visit www.SupportDignityHealthEastValley.org