



Support what you are passionate about.

Sign up by returning this form or online

Payroll Donations: ess.dignityhealth.org

Credit Card Donations: supportdignityhealtheastvalley.org

Donate Now

Contact Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Designation

I would like this gift to remain anonymous

Area of Greatest Need

Other: _____

Payroll Deduction

CommonSpirit Health Employee ID: _____

Paid-Time-Off (PTO)*

I gift _____ hours of PTO

Recurring One-time

Pay (Recurring Per Pay Period)**

\$38.47 = **\$1,000 Annual Impact**

Other \$ _____

Pay (One-time Deduction)

\$25 \$50 \$100

Other \$ _____

Healing Hour Club

One Hour of PTO Per Pay Period

Healing Hour Club

One Hour of Pay Per Pay Period

Check/Cash

Amount \$ _____ (Please make checks payable to: Dignity Health Foundation East Valley)

Mail to 1727 W Frye Rd, Suite 230, Chandler, AZ 85224

Questions? Email EastValleyFoundation@DignityHealth.org or Call 480-728-3931

Dignity Health Foundation East Valley is a non-profit governed under 501(c)(3) and 509(a)(1) regulations Federal tax ID: 74-2418514. I/We understand that my gift is non-refundable and becomes the property of the Foundation and has ultimate control, authority, and discretion with regard to its assets. All gifts are tax deductible to the extent of the law. I/We confirm no exchange of tangible benefit or privilege in return for this donation.

*An employee must have a minimum of 80 PTO accrued hours. PTO is subject to payroll taxes and will be reported as wages on your W-2 form.

**I understand that my recurring gift will continue at this amount until I request a change or cancellation.