



Employee Giving Campaign

Employee Information

Name: _____

Mailing Address: _____

Email: _____

Employee ID#: _____

Department: _____

Shift (circle one): AM PM

I would like to give anonymously

Area to Support (please select ONE)

- Area of Greatest Need (Employee Giving Fund)
- Beyond Health Campaign: *Your New French Hospital*
- Bob and Debbie Wacker Technology and Innovation Fund
- Employee Assistance Fund (donations to this fund are not tax-deductible)
- Hearst Cancer Resource Center

Ways to Give - return your completed form to the Foundation office, ballot box in the cafe, or scan the QR code.

- Recurring Payroll Donation:** automatically deducted per pay period from my check.
 \$100 \$75 \$50 \$25 \$20 \$15 \$10 \$5 Other: \$_____ (\$5 min.)
- One-time Payroll Donation:** \$_____ (\$25 minimum)
- Paid Time Off (PTO) Donation (minimum of 1 hour):**
 - Recurring donation of _____ hour(s) of PTO to be deducted per pay period.
 - One-time donation of _____ hour(s) of PTO.

I understand that (1) In order to donate the PTO hours elected, I must have a minimum of 80 hours in my PTO account at the time I make this election. If there are insufficient hours to cover my election, no donation will occur. (2) PTO donations are subject to all applicable payroll taxes and will be reported as wages on my IRS W-2 form in the calendar year in which the PTO hours are donated.

Check/cash donation: \$_____



Credit Card: scan the QR code to donate online

I understand that, for whatever reason, should I cease to be an employee of French Hospital Medical Center or should I no longer be able to fulfill my commitment due to personal circumstances, I am not obligated nor will I be held accountable to fulfill this commitment. Any ongoing donation election will be in effect until discontinuance is requested by me in writing. Donations to CommonSpirit Health-affiliated fundraising entities are tax-deductible to the fullest extent allowed by law. CommonSpirit Health-affiliated fundraising entities do not provide goods or services in consideration for contributions by payroll deduction.

Signature (required): _____ **Date:** ____/____/____

For questions, please contact the French Hospital Foundation at 805.542.6496.
Thank you for supporting the French Hospital Foundation Employee Giving Campaign.