



French Hospital Medical Center Employee Giving Campaign 2020

Yes, I wish to participate in the 2020 Employee Giving Campaign!

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Department: _____

Email: _____

Ways to Give

- Automatic Payroll Deduction (26 pay periods per year):**
 - “Hour of Power”**: One Hour per Pay Period
My gift of one hour of pay per pay period will be automatically calculated & deducted.
 - Other Payroll Deduction Amount:**
 - I gift \$_____ per pay period
 - I gift \$_____ one time
(\$10 minimum for one-time gifts)
- Paid Time Off (PTO) Donation:**
 - One time donation of _____ PTO hour(s).
 - Ongoing donation of _____ PTO hour(s) per pay period.
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 of this election. If there are insufficient hours, 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.
- Cash/Check:** \$_____

Checks made payable to: FHMC Foundation
- Credit card:** \$_____
 - Monthly Quarterly One Time

Name as it appears on card

Credit Card Number

Exp. Date

Gift Designation

Please select from the following (maximum of two):

- Beyond Health - Your New French Hospital**
- Area of Greatest Need (Employee Giving Fund)**
- Employee Assistance Fund***
**Donations to this fund are not tax-deductible*

If you select two funds, please choose to:

- Spilt my support equally between selected funds
- Spilt my support as follows:
Fund: _____ Amount \$ _____
Fund: _____ Amount \$ _____

Signature

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.

Employee # **(required)**: _____

Signature **(required)**: _____

Date: _____

Return by mail, fax or drop off at the Foundation Office in the Pavilion, Suite 217.

Thank you for your generosity!

Foundation Use Only: CRM Lookup-ID _____



Questions? Call or email Danica.Alvarez@DignityHealth.org
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