

Sequoia Hospital Foundation Employee Giving Form

Name (please print): _____

Address (home): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Department: _____ Employee#: _____

I. GIVING OPTIONS

Hour Club (An Hour Club gift is the equivalent of 26 hours of pay per year.)

- I wish to participate in the Hour Club. Please deduct _____ hour(s) from my paycheck each pay period beginning _____ (indicate month and year starting pay date or as soon thereafter as possible.)
- I am a part time employee. I work less than 60 hours per pay period and therefore may join the Hour Club by pledging one half hour of my base pay each pay period.
- I would like to use PTO each pay period, rather than base pay to fulfill my Hour Club pledge. PTO may be gifted only in increments of one hour. I understand that if I do not have a positive PTO balance, my payroll deduction deducted pledge will be fulfilled with regular payroll hours. I further understand that if I elect to contribute using PTO, my taxable donation to the Foundation will be the after-tax equivalent of one hour of my pay.

Other

- Deduct \$ _____ from my paycheck each pay period beginning _____ (indicate month and year starting pay date or as soon thereafter as possible.)
- Deduct \$ _____ **one time only** from my next payroll cycle.
- Deduct _____ hours of PTO **one time only** from my next payroll cycle.
- Please change my ongoing payroll deduction amount from \$ _____ to \$ _____ effective immediately.
- Enclosed is a check for \$ _____ for my contribution (payable to the Sequoia Hospital Foundation)
- Please charge \$ _____ to my credit card (please see below for credit card information)

2. FUNDING PRIORITY

- New Sequoia Hospital Campaign
- "Where Need is Greatest" fund
- Other/your department: _____ (please specify department, program or fund)

3. PAYMENT METHOD

- I authorize the payroll/PTO deduction for the amount indicated above. This authorization is effective until I give written notice of cancellation or modification.
- Check is enclosed
- Charge my credit card (**I authorize this charge to my credit card for the amount indicated above**):
Please charge my gift to my VISA / AMEX / MasterCard (circle one)

Card # _____ Expiration Date _____

Name on Card: _____

4. RECOGNITION

Please indicate how your name should be listed in any published list of donors or recognition:

- My gift is made in honor/in memory of: _____
- I wish to remain anonymous and I do not give permission to be listed by name as a donor.

5. APPROVAL

Signature: _____ Date: _____

Please return your pledge card/gift to the Sequoia Hospital Foundation

Attn: Employee Giving 170 Alameda de las Pulgas Redwood City, CA 94062 All Gifts are tax deductible.