



Support what you are passionate about.

Sign up by returning this form or online

Payroll Donations: ess.dignityhealth.org/lawson/portal/

CC Donations: sequoiahospitalfoundation.org

Donate Now

Contact Name: _____

Phone: _____ Email: _____

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

Designation

Area of Greatest Need Other: _____

I would like this gift to remain anonymous

Payroll Deduction

CommonSpirit Health Employee ID: _____

Paid-Time-Off (PTO)

I gift _____ hours of PTO

Recurring One-time

Recurring Per Pay Period

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

Other \$ _____

One-time Deduction

\$25 \$50 \$100

Other \$ _____

*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.

I acknowledge this pledge is valid and will be paid in full, regardless of employment status at Sequoia Hospital. Initial _____

Check/Cash Enclosed

Amount \$ _____ (Please make checks payable to: Sequoia Hospital Foundation)

Credit Card Gifts

Amount \$ _____ Monthly One-time

Card #: _____ Exp: _____ CVV: _____

Signature: _____ Date: _____

Sequoia Hospital Foundation is a non-profit governed under 501(c)(3) and 509(a)(1) regulations Federal tax ID: 94-2909990. 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.