

Employee Payroll Giving Program

Please click on the words/symbols below to fill in.

Employee Name	First Name Last Name
Phone Number	XXX-XXX-XXXX
Home Address	Address
City and Postal Code	City/town Postal Code
Email Address	<i>Example: Joe@hotmail.com</i>
Amount of gift/pay period	\$
Employee ID Number	Employee Number
Employee Record* <small>*Please choose only one Record for the payroll deduction.</small>	Employee Record number
Designation of Gift	Choose where your gift will go from the drop down menu
If you chose a Program, give name	Specific program name**
If you chose a Department, give name	Specific Department name**
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <p style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">X</p> <hr style="border: 0.5px solid black;"/> <p>Employee Signature</p> </div> <div style="width: 40%; text-align: center;"> <p>Date of Submission</p> </div> </div>	
**For program or department names, call the Hospital Foundation @ 780-538-7583	