

2021 St. Rose Dominican Health Foundation Donation Form

1) Employee Information (please print)

Employee Name: _____ Birthday (Month/Day): _____

Employee Full Home Address: _____
Street City Zip Code

Employee ID Number: _____ Daytime Phone Number: _____

Department Name: _____ Work Location (Campus): _____

2) Donation Election Information (please print)

Ongoing payroll deduction donation of \$ _____ AND/OR # _____ PTO* hours per pay period
 (This deduction will continue at the stated amount until altered or changed by you)

One-time payroll deduction donation of \$ _____ AND/OR # _____ PTO* hours
 *in order to donate PTO hours, you must have a minimum of 80 hours in your account at the time of your election and your donation of PTO must be made in 0.5 hour increments.

One-time donation by check or cash of \$ _____ (checks payable to: St. Rose Dominican Health Foundation)



Scan the QR Code to the left with your smart phone to make a one-time donation via credit card,
 Amount \$ _____

I wish to have my donation go to the hospital's area of greatest need

I wish to have my donation designated to the following area: _____

Please indicate how your name should be listed in the Foundation's published list of donors (if any) for recognition purposes:

I wish to remain anonymous

I understand that:

- All donations made through payroll deduction (monetary and PTO) are made after all applicable payroll taxes and will be reported as wages on my IRS W-2 in the calendar year in which the donation is made.
- No goods or services are or will be provided in consideration of employee campaign donations and are tax-deductible to the fullest extent allowed by law. The employee's end of the year paycheck stub will serve as the donation receipt for payroll deductions.
- Any ongoing donation election received by form will remain in effect until altered/canceled by the employee in writing or by online request.
- When making a donation through Employee Self Service (ESS), any ongoing donation election will be in effect until discontinuance is requested by the employee in writing, via email, or by online request.
- When electing the ongoing PTO option, the amount per pay period will be based upon the current rate of pay at the time the request was made; however the amount per pay period will change as the employee's rate of pay changes.
- Employee information will remain strictly confidential and will not be shared or sold.

3) Employee signature: _____ Date: _____

**** Submit form to the Health Foundation via interoffice mail and retain a copy of this form for your records ****