

Memo

To: Community West Foundation

From:

Date:

Cc: Hospital Payroll Department

Re: Gift of PTO

I would like to give _____ hours of my PTO bank to the Community West Foundation, to be used as follows:

Unrestricted for:

Fairview Hospital Lutheran Hospital Community West Foundation

Restricted for: Community Care Fund

Employee Care Fund

Other: _____

Name: _____
(please print)

Employee # _____

Signature: _____

Fax this form to 216-476-9730 or mail to:
Community West Foundation
20545 Center Ridge Road, Suite 448
Cleveland OH 44116
phone: 216-476-7060

Thank you!