

## PULLMAN REGIONAL HOSPITAL

## ANNUAL GIVING FOR EXCELLENCE FUND DRIVE

## **EMPLOYEE PAYROLL DEDUCTION FORM**

Name		
Address		
		Email:
I would like to donate t	he following amount pe	r pay period until further notice:
\$	(minimum \$5.00)	
<ul><li>Attached is my</li><li>Please charge</li></ul>	y check my credit card	unt of \$ Expiration Date:
	ge/gift to support: Pullman Regional Hospital r name listed in donor reco	•
,		Date
840	Please fax or retur PRH Four SE Bishop Blvd., Suite Office (509) 332-2046 l	ndation 200, Pullman, WA 99163
Internal Use Only		
	Date:	
HR Staff:	Date:	
Deduction Start Date:		
Per Pay Period Deduction	on Amount: Ar	nnual Deduction Amount \$

Gifts are tax deductible to the extent provided by law.

All donations are confidential.