



FOUNDATION

PULLMAN REGIONAL HOSPITAL

**“LIFT WHERE YOU STAND”
EMPLOYEE GIVING CAMPAIGN 2018**

EMPLOYEE PAYROLL DEDUCTION FORM

Name _____

Address _____

City, State, Zip _____

Phone: (Work) _____ (Home) _____ Personal Email: _____

I would like to donate the following amount per pay period*:

_____ hour(s) – <i>New Option!</i> <input type="checkbox"/> Until December 31, 2018 <input type="checkbox"/> Until further notice

OR

\$ _____ (minimum \$5 per pay period) <input type="checkbox"/> Until December 31, 2018 <input type="checkbox"/> Until further notice
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***NOTE:**

This replaces my current payroll deduction OR This is in addition to my payroll deduction

One-time gift in the amount of \$ _____

Attached is my check

Please charge my credit card

Card Number _____ Expiration Date: _____

How would you like your name listed in donor recognition materials?

(Please Print) _____

Signature _____ **Date** _____

Please fax or return this form to:
PRH Human Resources – Bernadette Berney
Administration Suite 501
Office (509) 336-7525 | Fax (509) 332-4242

Internal Use Only	
Foundation Staff: _____	Date: _____
HR Staff: _____	Date: _____
Deduction Start Date: _____	
Per Pay Period Deduction Amount: _____	Annual Deduction Amount \$ _____

*PRH Foundation will provide employee with copy of completed pledge.
Gifts are tax deductible to the extent provided by law.*