

YES! I would like to support the lifesaving programs at Augusta Health.

Enroll online at: www.augustahealth.com/foundation/team-member-giving **OR complete the form below.**

NAME: _____ EMPLOYEE NUMBER: _____

DEPARTMENT OR PRACTICE: _____ WORK LOCATION: _____

HOME ADDRESS: _____

HOME PHONE: _____ HOME EMAIL: _____

I am a **NEW** donor

I am a **CURRENT** donor

I would like my donation to be evenly distributed into these funds* (you may choose more than one):

Team Member Emergency Fund

Hercules Repositioners for Patient Beds

Neighborhood Clinic

Unrestricted Patient Care Fund

Other: _____

I want my gift to be anonymous

**For a complete description of each fund, please visit our website*

PAYMENT TYPE

PAYROLL DEDUCTION. I authorize Augusta Health to deduct the following monetary or time allotments from my bi-weekly pay as indicated below. This deduction will remain in place until I cancel it by notifying the Foundation in writing.

TIME: (per hourly rate/pay period)*

15 min.* 60 min.*

30 min.* 90 min.*

Other: _____

MONETARY:

\$5/pay period \$40/pay period

\$10/pay period \$50/pay period

\$20/pay period Other: _____

***Your giving will automatically change with your compensation adjustments annually. No additional forms needed.**

PTO. Please deduct _____ hours* from my PTO bank as a donation.

***Full-time employees minimum 4 hours, Part-time minimum 2 hours.** [Must keep 80 hours (full-time) or 40 hours (part-time) in PTO bank.

PTO hours donated are taxable under IRS rules and will be reported as taxable wages on your payroll check. Donated PTO is also subject to 403b deferrals.]

Date:* _____ Signature:* _____

*** DATE AND SIGNATURE ARE REQUIRED TO BEGIN DEDUCTIONS**

CASH/CHECK Please make checks payable to the Augusta Health Foundation.

My total gift of \$ _____ is enclosed.

CREDIT CARD, PAYPAL, VENMO Please make a one-time gift online at: www.augustahealth.com/foundation/give

THANK YOU! Send completed form to: ahfoundation@augustahealth.com