

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* (choose all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Employee Emergency Fund | <input type="checkbox"/> Hercules Repositioners for Patient Beds |
| <input type="checkbox"/> Mobile Clinic | <input type="checkbox"/> Unrestricted Patient Care Fund |
| <input type="checkbox"/> 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)*

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> 15 min.* | <input type="checkbox"/> 60 min.* |
| <input type="checkbox"/> 30 min.* | <input type="checkbox"/> 90 min.* |
| <input type="checkbox"/> Other: _____ | |

MONETARY:

- | | |
|--|--|
| <input type="checkbox"/> \$5/pay period | <input type="checkbox"/> \$40/pay period |
| <input type="checkbox"/> \$10/pay period | <input type="checkbox"/> \$50/pay period |
| <input type="checkbox"/> \$20/pay period | <input type="checkbox"/> Other: _____ |

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

Please deduct \$ _____ **ONE TIME ONLY**

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 Please make a secure one-time or recurring gift online at: www.augustahealth.com/foundation/give

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