

Employee Giving Campaign



**Yes! I want to support
Glendale Memorial!**

1. EMPLOYEE INFORMATION

Name _____

Employee ID No. _____

2. WAYS TO GIVE

Please accept my gift of:

\$250 \$1,000 Other \$ _____

Automatic Payroll Deduction

*per pay period to be automatically
deducted from my paycheck*

\$38.50 per pay period = \$1,000 annual gift

\$19.26 per pay period = \$500 annual gift

\$10 per pay period = \$250 annual gift

PTO Donation

I request to make the following PTO donation election to the Foundation. I understand that in order to donate the PTO hours elected, I must have a minimum of 80 hours in my account at the time I make this election. If there are insufficient funds, no donation will occur. PTO donations are subject to all applicable payroll taxes and will be recorded as wages on my IRS W-2 form in the calendar year in which the PTO hours are donated. Donations must be made in whole hour increment that are converted to cash.

I gift _____ hours of PTO.

I gift _____ hours of PTO per pay period.

Enclosed is my check payable to:

Glendale Memorial Health Foundation

Cash or Credit Card Donations can be made online at SupportGlendale.org or call (818) 502-2375

3. GIFT DESIGNATION – *All donations will be given to the Area of Greatest Need unless otherwise designated here:*

- Area of Greatest Need (Capital Equipment Fund)
- Heart Center
- Behavioral Health Unit
- Emergency Department
- Employee Assistance Fund
- Education Department
- NICU
- Labor & Delivery
- Women's Center
- Other _____

4. SIGNATURE STATEMENT

All gifts to the Glendale Memorial Health Foundation are completely tax deductible. Gifts by payroll deduction are rolled over annually. You may modify, increase, or cancel your gift at any time.

I understand that I am making a commitment to a minimum of one year of recurring donations and if I cease to be an employee of Glendale Memorial Hospital, or am unable to fulfill my pledge, I am not obligated nor will I be held accountable for any remaining balance.

Signature

Date

Please enclose payment and mail this form to:
Glendale Memorial Health Foundation
1420 South Central Ave.
Glendale, CA 91204
OR Email completed from to:
Rachel.Friddle@commonspirit.org