



Payroll Deduction Form for Foundation Donations

Employee Name:	
Employee Home Address:	
Employee ID Number:	Daytime Phone Number:
Work Location (facility):	
PTO/ Payroll Deduction Donation Election Inform	mation
I request to make the following PTO or Payroll I Health-affiliated Foundation below.	Deduction Donation Election to the Dignity
I understand that:	
 In order to donate the PTO hours elected, I must have a minimum of 80 hours in my PTO account at the time I make this election. If there are insufficient hours to cover my election, no donation will occur. PTO & payroll donations are subject to all applicable payroll taxes and will be reported as wages on my IRS W-2 form in the calendar year which the donation is made. 	
The named foundation will receive a cop	y of my form.
PTO Hours Donated: (donations must be made in whole hour increments and are converted to cash)	
☐ A one-time donation of	PTO hour(s).
☐ An ongoing donation of	PTO hour(s) per pay period.
Payroll Deduction Amount: (payroll deduction donations must be a minimum of \$5)	
☐ A one-time donation of \$	(Amount).
\Box An ongoing donation of \$	per pay period (Amount).
Foundation Name: Glendale Memorial Health Fo	<u>undation</u>
All donations will be given to the area of greatest ne	ed (Capital) unless otherwise specified here:
Employee Signature:	Date:
PTO and Payroll Deduction donations to	Dignity Health-affiliated Foundations are tax

PTO and Payroll Deduction donations to Dignity Health-affiliated Foundations are tax deductible to the fullest extent allowed by law. Dignity Health-affiliated Foundations do not provide goods or services in consideration for contributions by payroll deduction.

Submit completed form to your facility's PayrollConnect Customer Service Team. To specify a change in an ongoing donation hours or foundation to which your donation is sent, please complete a new form and submit to your facility's PayrollConnect Customer Service Team.