



FOUNDATION

PULLMAN REGIONAL HOSPITAL

*Pathways to a healthy future*

## ANNUAL GIVING FOR EXCELLENCE FUND DRIVE

### EMPLOYEE PAYROLL DEDUCTION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ Email: \_\_\_\_\_

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

\$ \_\_\_\_\_ (minimum \$5.00)

**I would like to make a one-time gift in the amount of \$ \_\_\_\_\_**

- Attached is my check
- Please charge my credit card

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Please direct my pledge/gift to support:**

- Annual Fund Drive – Pullman Regional Hospital Highest Needs

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

(Please Print) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please fax or return this form to:**

***PRH Foundation***

**840 SE Bishop Blvd., Suite 200, Pullman, WA 99163**

**Office (509) 332-2046 Fax (509) 332-2111**

**Internal Use Only**

Foundation Staff: \_\_\_\_\_ Date: \_\_\_\_\_

HR Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Deduction Start Date: \_\_\_\_\_

Per Pay Period Deduction Amount: \_\_\_\_\_ Annual Deduction Amount \$ \_\_\_\_\_

***Gifts are tax deductible to the extent provided by law.***

***All donations are confidential.***