

The Campaign for EvergreenHealth Monroe

Employee Information

Please print clearly

Name: _____

Department: _____

Employed at: EvergreenHealth Monroe

EvergreenHealth Kirkland

Work Email : _____

Mailing Address (for tax receipts) : _____

Phone: _____

Submitting Your Gift

Please return via one of the following ways:

1. Foundation Office - 2nd Floor, Suite 204
2. Interoffice Mail, EHM MS #10
3. Mail to: EHM Foundation
14701 179th Avenue SE, Suite 204
Monroe, WA 98272
4. Give online at www.ehmfoundation.com/igive



Payment Methods

All gifts are fully tax deductible to the extent of the law.

THREE EASY WAYS TO GIVE

Please direct my gift to the following fund:

Employee Giving Fund (Small Grants Program)

Other : _____

1. One-time Cash Gift:

Gift Amount: \$ _____

Check: Please make check payable to **EvergreenHealth Monroe Foundation**

Card #: _____

3-digit Security Code (on back of card): _____ Expiration Date: _____

Name Printed on Card: _____

2. Donation of PTO Hours

I authorize _____ PTO hours to be donated to the campaign for EH Monroe.

Please Note: This donation must comply with the policy for PTO Cash-out and will be distributed in December 2023. For questions regarding PTO policies, please contact HR.

3. Payroll Deduction -

I understand that my designated pledge(s) will be deducted from each paycheck beginning with the first pay period of 2023 or first paycheck after enrollment. My payroll deduction pledge for the Campaign for EvergreenHealth Monroe will roll over each year **automatically** until I advise the Foundation regarding changes or termination.

Deduction Per Pay Period

\$25 \$15 \$10 \$5 Other \$ _____

Example of payroll deduction method: \$10 x 26 pay periods = \$260.00 annually

Signature: _____ Date: _____