

EMPLOYEE GIVING

No matter how you give, 100% of your contribution supports the program(s) of your choice.

GETTING STARTED IS EASY

Simply complete the information below and mail it to **Woodland Healthcare Foundation, 1321 Cottonwood Street, Suite 207, Woodland, CA 95695**. For questions, please email woodlandhealthcarefoundation@commonspirit.org or call (530) 669-5680.

Yes! I would like to help those in need.

EMPLOYEE ID (required)	First Name	Last Name	
Home address	City	State	Zip
Phone	E-mail <small>(By providing your email, you are opting in to receive electronic communications from Woodland Healthcare Foundation)</small>		
Signature <small>(Type Name)</small>		Date (mm/dd/yyyy)	
Work facility <input type="checkbox"/> WOODLAND MEMORIAL HOSPITAL <input type="checkbox"/> WOODLAND CLINIC <input type="checkbox"/> OTHER _____			

Print your name as you would like it to appear in donor recognition: _____
☐ I would like to remain anonymous

GIFT DESIGNATION

- | | |
|---|--|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Family Birth Center |
| <input type="checkbox"/> Adult Day Health | <input type="checkbox"/> Hematology/Oncology |
| <input type="checkbox"/> Cardiopulmonary Wellness Program | <input type="checkbox"/> Infusion Center |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Other (specify) _____ |

PAYROLL GIVING OPTIONS

- ☐ **Payroll Deduction** Please deduct \$ _____ ☐ per pay period (26 pay periods per year) ☐ One-time
- ☐ **PTO Donation** Please deduct _____ hours ☐ per pay period (26 pay periods per year) ☐ One-time

IMPORTANT PTO DONATION INFORMATION

- Donations can be made in 30-minute increments and are converted to cash
- A minimum of 80 hours of accrued PTO is required at the time of your donation
- PTO donations are subject to all applicable payroll taxes and will be reported as wages on your W-2 form in the calendar year in which the donation was made
- If you elect to make an ongoing PTO donation, it will remain in effect until you request in writing that it discontinue

OTHER GIVING OPTIONS

- ☐ **Check** Enclosed in the amount of \$ _____ (make check payable to Woodland Healthcare Foundation)
- ☐ **Credit Card:**
- Visit supportwoodlandhealthcare.org
 - Call us at (530) 669-5680
 - Scan the QR code below
- (To ensure the safety of your data, we no longer accept written credit card information on these forms.)

Thank you for lending a hand!

Visit www.supportwoodlandhealthcare.org or call (530) 669-5680 for more information.



**Woodland Healthcare
Foundation.**