

Payroll Deduction Authorization Form

Imaging and Surgery Services Campaign

Employee Name (**Print**):

Employee ID

Department

Ext:

Home Address:

City, State & Zip

Home Phone

E-mail

I authorize my employer Dignity Health Medical Foundation to deduct \$_____ from my wages per paycheck and sent to the Woodland Healthcare Foundation for a total deduction of \$_____.

I authorize my employer Woodland Healthcare to deduct a one-time donation of \$_____ from my wages and sent to Woodland Healthcare Foundation.

All donations will be applied to the Imaging and Surgery Services Campaign unless otherwise specified here:

Department

Cost Center No.

Employee Signature: _____ **Date:** _____

Please send this completed form to: Woodland Healthcare Foundation, 1321 Cottonwood St., Suite 207, Woodland CA 95695, Fax: 530.669-5689

THANK YOU FOR YOUR SUPPORT!