

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 send to Woodland Healthcare Foundation through interoffice mail. You may also fax your form to (530) 669-5689 or mail it to Woodland Healthcare Foundation, 1321 Cottonwood Street, Suite 207, Woodland, CA 95695

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

- Area of Greatest Need
- Caregiver Appreciation Fund
- Oncology
- Surgical Services
- Yolo Adult Day Health Center
- 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 one-hour 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 Please charge \$ _____ to my VISA MasterCard AMEX
- I would like my card to be charged One-time Monthly Bi-monthly Quarterly

Card #	Exp. Date
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Thank you for your act of humankindness!

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

