

"NOVEMBER 2020" EMPLOYEE GIVING

One hundred percent of your contribution supports the Oncology Nurse Navigator Fund.

GETTING STARTED IS EASY

Simply complete the information below and send to Woodland Healthcare Foundation through interoffice mail.

If completing electronically, download this form first so it can be saved with your information. You may also email your form to woodlandhealthcarefoundation@dignityhealth.org or fax your form to (530) 669-5689.

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 (type name)	Date (mm/dd/yyyy)
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Work facility WOODLAND MEMORIAL HOSPITAL WOODLAND CLINIC OTHER _____

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

GIFT DESIGNATION

Oncology Nurse Navigator Fund

All gifts benefit the Oncology Nurse Navigator Fund which will earmark the funds raised for male oncology care and support.

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.

