



Payroll Deduction Form for Foundation Donations

Employee Information (please print)
Employee Name:
Employee Home Address:
Employee ID Number:Daytime Phone Number:
Work Location (facility):
PTO/ Payroll Deduction Donation Election Information
I request to make the following PTO or Payroll Deduction Donation Election to the Dignity Health-affiliated Foundation below.
I understand that:
 In order to donate the PTO hours elected, I must have a minimum of 80 hours in my PTO account at the time I make this election. If there are insufficient hours to cover my election, no donation will occur.
 PTO & payroll donations are subject to all applicable payroll taxes and will be reported as wages on my IRS W-2 form in the calendar year which the donation is made.
 Any ongoing PTO or payroll donation election will be in effect until discontinuance is requested by me in writing
The named foundation will receive a copy of my form.
PTO Hours Donated: (donations must be made in whole hour increments and are converted to cash)
A one-time donation ofPTO hour(s).
☐ An ongoing donation ofPTO hour(s) per pay period.
Payroll Deduction Amount: (payroll deduction donations must be a minimum of \$5)
A one-time donation of \$ (Amount).
☐ An ongoing donation of \$ per pay period (Amount).
Foundation Name: <u>Dignity Health Foundation - Inland Empire</u> All donations will be given to the area of greatest need (Medical Equipment/Capital) unless otherwise specified here:
Employee Signature: Date:
PTO and Payroll Deduction donations to Dignity Health-affiliated Foundations are tax deductible to the fullest extent allowed by law. Dignity Health-affiliated Foundations do not provide goods or services in consideration for contributions by payroll deduction.

Submit completed form to your facility's PayrollConnect Customer Service Team. To specify a change in an ongoing donation hours or foundation to which your donation is sent, please complete a new form and submit to your facility's PayrollConnect Customer Service Team.