

## Payroll Deduction Form for Foundation Donations

### Employee Information *(please print)*

Employee Name: \_\_\_\_\_

Employee Home Address: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Work Location (facility): St. Bernardine Medical Center

### 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 and 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.
- 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 of \_\_\_\_\_ PTO hour(s).

**Payroll Deduction Amount:** *(payroll deduction donations must be a minimum of \$25)*

A one-time donation of \$ \_\_\_\_\_ (Amount).

Foundation Name: Dignity Health Foundation - Inland Empire

All donations will be given to the **SBMC Employee Gym Fund**.

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 the Foundation office.