



EMPLOYEE GIVING DONATION FORM

Please return form to Thomas Health Foundation.

Email: Foundation@ThomasHealth.org

Mail: 4605 MacCorkle Avenue, SW
South Charleston, WV 25309

Fax: 304-766-4479

ABOUT EMPLOYEE GIVING

The Employee Giving Club consists of Thomas Health employees who support the Employee Giving Campaign through Payroll Deduction.

The Employee Assistance Fund, *Employees Helping Employees*, provides financial assistance to Thomas Health employees who have experienced a qualifying event, or are having severe financial issues and is solely funded through Employee Giving.

Employee Giving also supports the Employees' Family Scholarship programs and other special projects.

All gifts are tax deductible to the extent allowable by law. There are 26 paydays per year.

Please complete the form below to sign-up for the Employee Giving Club. You can scan back to the Foundation email, fax or send via interdepartmental mail.

PERSONAL INFORMATION

NAME:

SOCIAL SECURITY NUMBER:

HOSPITAL AND DEPT:

HOME ADDRESS:

CITY, STATE, ZIP:

HOME EMAIL:

**MAKE
YOUR
PLEDGE
TODAY!**

RECURRING

I would like to donate the amount checked below.

This amount will continue until you ask to stop the gift.

\$2 \$5 \$8 \$10 \$15 \$20 Other _____

INCREASE

Increase my existing gift to \$ _____ / pay period

ONE TIME DONATIONS

I do not wish to give a gift each pay period but I would like to make a one-time gift of:

_____ Check enclosed

\$ _____ through payroll deduction

To make a one-time credit card donation, visit the Foundation's website: thomashealthfoundation.org.

I would like my gift(s) to remain anonymous.

Signature: _____

Date: _____