

2021 GIFT FORM

Employee Information

Please print clearly

Name: _____

Department: _____ MS#: _____

Please check appropriate box: Staff Physician Volunteer

Email Address: _____

Work Phone: _____

Work/Home Address: _____

Submitting Your Gift

Please return via one of the following options:

1. Foundation Office MS #5 (Interoffice Mail)

2. Mail to:

EvergreenHealth Foundation

12040 NE 128th Street, MS #5, Kirkland, Washington 98034

3. Give online at www.campaignforevergreenhealth.com



Payment Methods

All gifts are fully tax deductible.

THREE EASY WAYS TO GIVE

Please direct my gift to

The Employee Financial Assistance Fund

Evergreen Fund for EFAC

Other: _____

1. One-time Cash Gift

Credit Card: VISA Mastercard AMEX Discover Expiration Date: _____

Gift Amount: _____

Card #: _____

Name Printed on Card: _____

2. Donation of PTO Hours I authorize _____ PTO Hours to be donated to the Employee Financial Assistance Fund. I have been employed by EvergreenHealth for at least (6) months and am eligible to accrue PTO benefits.

3. Payroll Deduction for Club 26 I understand that my designated pledge(s) will be deducted from each paycheck beginning with the first pay period of 2022. My payroll deduction pledge for the Campaign for EvergreenHealth will roll over each year **automatically** until I advise the Foundation regarding changes or termination.

I am new to the campaign for EvergreenHealth and would like to donate via Payroll

Deduction as indicated below.

I currently give through payroll deduction and have **made changes** to my gift as indicated below.

DEDUCTION PER PAY PERIOD:

_____ \$20 _____ \$15 _____ \$10 _____ \$5 _____ Other \$ per pay check

Example of payroll deduction method: \$10 x 26 pay periods = \$260 annually

100% of your gift to EvergreenHealth goes directly towards the Employee Financial Assistance Fund, the Evergreen Fund (EFAC) or your designation above.

Signature _____

Employee ID# _____ Date _____