



Employee Giving Campaign Donation Form

Thank you for your generosity, please consider donating to both the Annual Fund and the Emergency Department Capital Campaign.

PERSONAL INFORMATION

Employee Name _____ Employee ID# _____

Email _____ Department _____

Signature _____

TMC HEALTH FOUNDATION – ANNUAL FUND

Yes! I would like to make a donation of _____ to the TMC Health Annual Fund!

I would like to designate my gift to the Annual Fund as follows: ☐ Highest Best Use ☐ Other: _____

☐ **Easy Payroll Deduction**

I authorize a payroll deduction of \$ _____ each pay period until I ask to stop the deductions.

I authorize a payroll deduction of \$ _____ x _____ pay periods.

I authorize a payroll deduction of \$ _____ for one pay period.

Total amount of deduction _____ Example \$10 x 26 pay periods = \$260

☐ **Cash** ☐ **Check** ☐ **Credit Card**

- Please make checks payable to the TMC Health Foundation.
- Please visit tmcaz.com/foundation/donate-now to use a credit card online or scan this QR code.

TOTAL DONATION TO ANNUAL FUND: _____

TMC EMERGENCY DEPARTMENT CAPITAL CAMPAIGN

Yes! I would like to make a donation of _____ to the Emergency Department Capital Campaign!

☐ **Easy Payroll Deduction**

I authorize a payroll deduction of \$ _____ each pay period until I ask to stop the deductions.

I authorize a payroll deduction of \$ _____ x _____ pay periods.

I authorize a payroll deduction of \$ _____ for one pay period.

Total amount of deduction _____ Example \$10 x 26 pay periods = \$260

☐ **Cash** ☐ **Check** ☐ **Credit Card**

- Please make checks payable to the TMC Health Foundation.
- Please visit tmcaz.com/foundation/donate-now to use a credit card online or scan this QR code.

TOTAL DONATION TO CAPITAL CAMPAIGN: _____

Thank you so much for your support and generosity!

Please retain a copy of this form for your tax records. All gifts are tax deductible to the extent provided by IRS regulations.