



Employee Giving Campaign Donation Form

PERSONAL INFORMATION

Employee Name _____ Employee ID# _____

Email _____ Department _____

Signature _____ Date _____

TMC HEALTH FOUNDATION – DONATION

Yes! I would like to make a donation of _____ to support the TMC Health Employee Giving Campaign!

I would like to designate my gift as follows: Emergency Department Highest Best Use Other: _____

Easy Payroll Deduction (minimum \$10 total donation)

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 <https://tmcfoundation.com/en/employee-giving/donate> to use a credit card online or scan this QR code.

GIVING PERKS

- TMC Cares T-shirt – Size (unisex): _____ (\$30 minimum donation)**
- I Give – Badge Charm (\$20 minimum donation)**



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.