

## Employee Gift Form

*Payroll Deduction*

**EMPLOYEE INFORMATION:**

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Last Name	First Name	Middle Name
Mailing Address	City	State
		Zip

**GIFT AMOUNT:**

\$1,000    
  \$500    
  \$250    
  \$100    
  \$50    
  Other \$ \_\_\_\_\_

**GIFT DESIGNATION:**

Greatest Needs Fund \$ \_\_\_\_\_    
  Capital Campaign Fund \$ \_\_\_\_\_    
  Children's Fund \$ \_\_\_\_\_  
 Endowment \$ \_\_\_\_\_    
  Steve H. Musson Emergency Services Endowment \$ \_\_\_\_\_    
  Other \$ \_\_\_\_\_

**METHOD OF PAYMENT:** (Payroll Deduction *or* Check *or* Debit/Credit Card)

Employee Payroll Deduction: I would like to make a gift by payroll deduction (complete the box below):

**EMPLOYEE PAYROLL DEDUCTION – STATEMENT OF AUTHORIZATION**

Please deduct \$ \_\_\_\_\_ from my paycheck each month beginning \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

Payroll deduction to end \_\_\_\_\_, \_\_\_\_\_ OR Continue until further notice.  
(Month) (Year)

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(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Check

Enclosed is my check made payable to Floyd Valley Hospital Foundation for the amount above.

Debit/Credit Card

Visa    
  MasterCard    
  American Express    
  Discover

Cardholder's Name \_\_\_\_\_

Expiration Date \_\_\_\_\_, \_\_\_\_\_ Card No. \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Year)

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(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Please return this form to the Administration/Foundation Office (Attn: Teresa Sauer)  
**Thanks for everything you do for the Floyd Valley Hospital Foundation!**