



EMPLOYEE GIFT
PAYROLL DEDUCTION FORM

This form is used to initiate, change and revoke payroll deduction authorizations for gifts made to the Oswego Health Foundation a 501(c)(3) charitable organization. All gifts made to the Foundation are tax deductible to the extent of the law.

I would like to make a gift to support the work of Oswego Health through payroll deduction to the Oswego Health Foundation.

I understand that my gift will go to support the Partners in Healthcare Annual Fund. Donations to the Annual Fund are used to support the work of Oswego Health and its affiliates.

_____	_____	_____	_____
Last Name	First Name	MI	Employee # (required)
Home Address: _____	_____		Preferred Email: _____
_____	_____		Work Phone: _____
_____	_____		

I authorize the following deduction from my payroll: ___ Hospital ___ The Manor ___ Springside

Please choose 1 (one) of the following deduction options:

- One-time donation \$_____.
- Recurring gift \$_____, per pay period for the duration of the year.
- _____ New authorization _____ Change _____ Revocation (please discontinue payroll deductions)

I understand this payroll deduction will be in effect until the end of the current calendar year or until I revoke it. I further understand that I will be required to complete a new form each year to continue my payroll deduction.

This form is effective for pay dates in year _____.

Please print your name(s) as you would like to see it in donor recognition.

FORM MUST BE SIGNED AND DATED TO BECOME EFFECTIVE

Signature

Date

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Please forward completed form to: Oswego Health Foundation Office Phone: (315) 326-3791 Fax: (315) 216-4702

Oswego Health Foundation:	Date rec: _____	Recorded in RE: _____	Initials: _____
HR/Payroll:	Date rec: _____	Recorded: _____	Initials: _____