

Walla Walla General Hospital Foundation
 PO Box 1398
 Walla Walla WA 99362

FIFTEEN MINUTE

Comprehensive Giving Campaign



Employees

My Contact Information

LAST NAME	FIRST	MI	EMPLOYEE #	DATE
DEPARTMENT			EMAIL	
HOME ADDRESS			CITY	STATE
			ZIP CODE	

My Gift Designation

Area of Greatest Need
 Annual Project
 Community Health Education
 Medical Staff Recruitment
 Benevolent Fund

My Contribution Plan

15 minutes of my earnings per week
 ___ x 15 minutes of my earnings per week
This plan will be in effect until further notice.

Check below if applicable

This plan supercedes any other pledge
 This plan is in addition to any current pledge

My Payment Information

Payroll deduction – signature required below
 Payment(s) by check:
 I would like payment reminders by email
 I would like payment reminders by letter
 Payment by credit card (provide info in right column)
 \$____: monthly quarterly annually

Authorized payment(s) will be charged to:
 Card number _____
 Name on card _____
 MasterCard Discover Visa AMEX
 Exp date _____ Security Code _____
 Signature _____
 Charge during the 1st 2nd 3rd 4th week of the month

My Payroll Deduction (please read and sign)

I hereby authorize Walla Walla General Hospital to deduct contributions from my payroll earnings as an employee of WWGH and to submit these deductions to the fund designated above in satisfaction of my gift. This authorization is effective per the above deduction plan. I understand that I may cancel this deduction at any time. I understand that this authorization shall remain in effect until satisfaction of my gift is made, or until revoked by me in writing, allowing up to 30 days to change the payroll records in order to make effective any changes in this assignment.

Employee Signature & Date

Additional Considerations

I wish for my gift to remain anonymous
 I have remembered WWGH in my will
 I would like information about making a gift of securities, personal property, life insurance or IRAs
 I would like to know more about how I can remember WWGH in my estate plan

Your contribution is tax deductible to the extent allowed by law. An annual statement of your gifts will be automatically provided to you in January for tax purposes.

Thank you your philanthropic partnership with Walla Walla General Hospital!