

OHSU Employee Giving Campaign Payroll Deduction Form

Full Name: _____ Employee ID# _____

Job Title: _____ Department: _____

Campus Street Address: _____

Mail Code: _____ Campus Phone: _____ Email: _____@ohsu.edu

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Email: _____

I would like to designate my contribution as follows: All gifts will be directed to the area of greatest need. Gift designation amounts must equal overall pledge amount. *\$5.00 minimum per pay period.*

- | | |
|--|--|
| \$ _____ Peter Kohler Fund (OHSU Greatest Needs) | \$ _____ Center for Women’s Health |
| \$ _____ Doernbecher Children’s Hospital | \$ _____ OHSU Knight Cancer Institute |
| \$ _____ School of Medicine | \$ _____ OHSU Brain Institute |
| \$ _____ School of Nursing | \$ _____ Harold Schnitzer Diabetes Health Center |
| \$ _____ School of Dentistry | \$ _____ Cardiovascular Medicine |
| \$ _____ OHSU Casey Eye Institute | \$ _____ Family Medicine |
| \$ _____ Other OHSU Fund _____ | |

Please visit www.ohsufoundation.org for additional fund designations.

I wish to Pledge \$ _____ to OHSU /DCH*.

Please deduct \$ _____ per pay period (*\$5.00 minimum per pay period*)
(24 pay periods X \$ _____ = total pledge of \$ _____)

I would like my deductions to begin with pay period # _____

One-time gift of \$ _____ via check made payable to OHSU Foundation or DCH Foundation

Please charge my credit card

\$ _____ One-time gift

\$ _____ (per month) Recurring monthly charge

Card # _____ Exp date _____

If my Payroll Deduction is ...	then my Annual Donation will total
\$208.33	\$5,000
\$125.00	\$3,000
\$83.33	\$2,000
\$41.67	\$1,000
\$20.84	\$500
\$10.42	\$250
\$5.00	\$120

Notes: *Charitable gifts to OHSU and DCH are processed by the OHSU Foundation.

If you would like to adjust the amount of your payroll deduction (increase, decrease or cancel), please notify the OHSU Foundation Gift Entry Department in writing (campus mail code L-344).

All changes received after the 10th of the month will be effective the following month.

I authorize the Payroll Department to deduct the above indicated amount from my paycheck each pay period. (\$5.00 minimum per pay period)

Signature: _____ **Date** _____