

OHSU Employee Giving 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 Need)

\$_____ 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.

Method of Payment

Payroll deduction

I wish to Pledge \$_____ per pay period to OHSU /DCH* (*\$5.00 minimum per pay period*)

I authorize the Payroll Department to deduct the above indicated amount from my paycheck each pay period.

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

(*See pay period schedule on next page*)

Please make this a recurring pledge. Payroll deductions will continue until I request that they be stopped

Please make this a 12-month pledge. (24 pay periods X \$_____ = total pledge of \$_____)

Credit Card

Please charge my credit card

\$_____ One-time gift

\$_____ (per month) Recurring monthly charge

Card # _____ Exp date _____

Check

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

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.

Signature: _____ **Date** _____

Please return this completed form to: OHSU Foundation, Annual Giving Department, Campus mail code: L-344 • Phone: 503 412-6377

OHSU 2012 Pay Period Detail Description

PAY PERIOD	PAY PERIOD START DATE	PAY PERIOD END DATE	PAY DAY
1	December 19, 2011	January 1, 2012	January 6, 2012
2	January 2, 2012	January 15, 2012	January 20, 2012
3	January 16, 2012	January 29, 2012	February 3, 2012
4	January 30, 2012	February 12, 2012	February 17, 2012
5	February 13, 2012	February 26, 2012	March 2, 2012
6	February 27, 2012	March 11, 2012	March 16, 2012
7	March 12, 2012	March 25, 2012	March 30, 2012
8	March 26, 2012	April 8, 2012	April 13, 2012
9	April 9, 2012	April 22, 2012	April 27, 2012
10	April 23, 2012	May 6, 2012	May 11, 2012
11	May 7, 2012	May 20, 2012	May 25, 2012
12	May 21, 2012	June 3, 2012	June 8, 2012
13	June 4, 2012	June 17, 2012	June 22, 2012
14	June 18, 2012	July 1, 2012	July 6, 2012
15	July 2, 2012	July 15, 2012	July 20, 2012
16	July 16, 2012	July 29, 2012	August 3, 2012
17	July 30, 2012	August 12, 2012	August 17, 2012
18	August 13, 2012	August 26, 2012	August 31, 2012
19	August 27, 2012	September 9, 2012	September 14, 2012
20	September 10, 2012	September 23, 2012	September 28, 2012
21	September 24, 2012	October 7, 2012	October 12, 2012
22	October 8, 2012	October 21, 2012	October 26, 2012
23	October 22, 2012	November 4, 2012	November 9, 2012
24	November 5, 2012	November 18, 2012	November 23, 2012
25	November 19, 2012	December 2, 2012	December 7, 2012
26	December 3, 2012	December 16, 2012	December 21, 2012