



MEMORIAL HEALTHCARE
PTO and Payroll Deduction Authorization

Memorial Healthcare Foundation

Memorial Healthcare and the Memorial Healthcare Foundation offer this PTO/Payroll Deduction program to FULL-TIME and PART-TIME employees for the purpose of making donations to the Foundation as convenient as possible.

Payroll Deduction

TOTAL AMOUNT DUE AND PAYABLE _____

PAYROLL DEDUCTION AMOUNT PER
PAY PERIOD _____

PTO Donation

DONATED PTO HOURS _____
(a 10% IRS Penalty is assessed on the donation amount)

Name

Date Department Employee # Employee Signature

I would like to designate my contribution to the _____ fund of
Memorial Healthcare Foundation.

Please return completed form to the Memorial Healthcare Foundation