# **Employee Gift Intention Pledge for We Care We Share Employee giving campaign**

## About

Philanthropy makes it possible for Cody Regional Health to expand our services, invest in advanced technology, improve our facilities and provide the best care for our patients. Your donation to the Cody Regional Foundation helps save lives and advance the health and well-being of our patients and our community. Your gifts, large and small, make a difference in helping us deliver exceptional care to all who enter our doors. Thank you for being passionate to our mission and to the immediate and emerging needs of Cody Regional Health.

Participating in the We Care We Share employee giving campaign is one more powerful way you can give hope to patients and their families and ***show the community that extraordinary care starts with us****.*

## I would like to

\_\_\_\_\_\_\_ **Start Payroll Deduction.** It is my intention to contribute \*$\_\_\_\_\_\_\_\_\_\_ each pay period\* for the Cody Regional Health Foundation’s Employee Giving Campaign. I understand that the first payment will be withheld from my paycheck the pay period following the date on this form and will continue unless I notify the Foundation to terminate the withholding.

\_\_\_\_\_\_\_ **One time PTO donation.** It is my intention to donate \_\_\_\_\_\_\_ hours of PTO for the Cody Regional Health Foundation’s Employee Giving Campaign. I understand that Employees are requested to donate PTO in 1-hour increments and I must abide by the Cody Regional Health PTO policy and maintain a minimum of 40 hours following my donation. I authorize CRH to forward the net pay, after requested payroll taxes have been withheld, to the CRH Foundation as a donation on my behalf. I acknowledge that I understand my available PTO hours will be reduced by the amount of this donation, and that this cash-in of my PTO hours will be included in my year-end W-2 report of taxable income.

**\_\_\_\_\_\_\_ Make a One time Gift.** It is my intention to make a financial contribution of $\_\_\_\_\_\_\_\_\_\_ in support of Cody Regional Health Foundation’s Employee Giving campaign. This gift is not to be deducted from my payroll. I intend to make my first contribution on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_ **Stop Payroll Deduction**. At this time, I am unable to contribute and wish to stop payroll deduction. I understand that payroll deduction will stop being withheld from pay paycheck the pay period following the date on this form and will not continue unless I sign up again for the We Care We Share employee giving campaign.

May we include your name in our list of donors’ \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

**Name: Employee#:**

**Title: Dept:**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Gift authorization*

Thank You For Your Support

For questions: Contact Lisa Guevara 307-578-2337 or email: [foundation@codyregionalhealth.org](mailto:foundation@codyregionalhealth.org)