



Employee Payroll Deduction Authorization Form

Employee Name: _____ Employee #: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Email Address: _____

Thank you for your decision to partner with the T.J. Regional Health family through your support of the T.J. Community Mission Foundation.

I would like for my gift to support the T.J. Community Mission Foundation (please check):

_____ in support of where needed most.

_____ in support of the Shanti Niketan Hospice Home.

Recurring Gift

_____ I wish to make a donation to the T.J. Community Mission Foundation through a **recurring deduction of my gross pay each pay period**. I understand that I can change or cancel this payroll deduction at any time by contacting Payroll/Finance, and that the deduction shall remain in effect until such time that I do so.

Please deduct the following amount from each paycheck (26 pay periods annually):

_____ \$38.47 = \$1000 annual gift

_____ \$10 = \$260 annual gift

_____ \$28.85 = \$750 annual gift

_____ \$3.85 = \$100 annual gift

_____ \$19.24 = \$500 annual gift

_____ \$_____ Other Amount

One-Time Gift

_____ I wish to make a one-time donation to the T.J. Community Mission Foundation through payroll deduction.

\$_____ (one-time gift amount)

*Your recurring or one-time donation to the T.J. Community Mission Foundation is tax deductible.

Employee signature: _____ Date: _____

RETURN COMPLETED FORM TO: T.J. Community Mission Foundation via interoffice mail, email scanned form to foundation@tjsamson.org, fax to 270.659.1704, or complete the payroll deduction form online at <https://www.tjregionalhealth.org/employeeegive/>