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| Highland Hospital Payroll Pledge Deduction Authorization Form |

Thank you for your support of Highland Hospital’s **commitment** to **excellence** in healthcare, with patients and their families at the heart of all we do. Your payroll deduction gift pledge is critical to Highland’s success.

By completing this form you are authorizing Highland Hospital to begin a payroll deduction.

If you have any questions, please call Gift and Donor Records at 585-275-8602.

Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Employee ID:\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please Confirm Your Payroll Cycle and Indicate Your Pledge Deduction Details | |
| Highland Hospital Biweekly (twice per month, no deduction made for third paycheck in any month) for a total of 24 deductions annually |  |
| Fixed amount to be deducted from each pay period: |  |
| Number of pay periods donation should be deducted: |  |
| Total (amount deducted X total number of pay periods: |  |
| Start Date: |  |
| Stop Date: |  |
| Allocation: |  |

**Select How You Want Your Donation Directed**

Donation only to be used on specific projects in Honduras.

Donation to be used to cover residency education and overhead expenses such as salaries for US-based directors.

I understand that this payroll deduction is a voluntary gift for which I receive no benefits. Authorization for this payroll deduction can be revoked at any time in writing by contacting GDR at giftoffice@admin.rochester.edu.

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Signature Date