**This is a fillable form. Please contact Debra Black at** **dkblack@beyourhaven.org** **if you would like a Docusign form sent to you.**

**Please send completed form to** **vlrobertson@beyourhaven.org****. Thank you!**

 **2021 Employee Giving Campaign**



Building the Haven Foundation

 -One Brick at a Time

**PAYROLL AND PTO DEDUCTION FORM**

Date: \_\_\_\_\_\_\_\_\_ Dept. \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

□ I prefer to remain anonymous

**Type of Gift: Please check one of the options with an X for your selection**

**◊ \_\_\_\_** I currently have payroll deduction for the program checked below and wish to continue that deduction as part of the 2021 Employee Giving Campaign.

**◊\_\_\_\_** One time gift $\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_ or

Credit Card (please pay online at www.beyourhaven.org/donate)

**◊ \_\_\_\_\_Payroll Deduction per pay period:** $\_\_\_\_\_\_ for \_\_\_\_\_\_ pay periods ( 26 pay periods per year)

**◊\_\_\_\_\_PTO Contribution:** # of hours: \_\_\_\_\_\_\_ *(80 PTO hours required after donation)*

**◊**

**◊ Program Designated:**

 **\_\_\_□** Make a Difference Fund **\_\_**□ Unfunded Patient Care

**\_\_**□ Camp Safe Haven **\_\_**□ COVID-19 Emergency Response

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By my signature, I hereby authorize Haven to charge my credit card and/or deduct from my paycheck the designated PTO hours. I understand I may revoke this authorization at any time in writing to the Payroll department. Type your name in the signature line for your authorization signature.*

Authorized Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |
| --- |
| For Official Use Only |
|

|  |  |
| --- | --- |
| PTO Value:  | Actual Gift Value: |
| Deduction Code: | Campaign/Appeal: |
|  |  |
|  |  |
| Finance – Philip L. Steers IV: |  |

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