

Your contributions are tax deductible to the extent permitted by law.
Tax ID # 95-2810095

There are **no** reimbursements once a deduction has been taken.

Note: Payroll deductions will always start with the beginning of a new pay period.

For all program inquiries, changes to pledge amounts or cancellation of pledge please email the Development Department at empgiving@altamed.org.

Employee Information

Name		EE ID#	
Address	City	State	Zip Code
Phone	Email		
Work Location			

Step 1: Choose program(s) to Support

- Patient/participant support-programs/projects
Example: toiletries for the homeless, Diapers for new moms, pet therapy for PACE
- Employee Proposals
Employees submit a brief proposal for consideration to support communities we serve.
- Immediate Needs Fund
Assist patients/participants who do not have access to basic necessities that affect their health and well-being.
- General Donation
Employee Giving Committee will decide where the dollars are needed the most.

**If you donate to more than one program your dollars will be distributed evenly among the programs selected*

Acknowledgement

- I acknowledge that I am allowing AltaMed Health Services to make automatic payroll deductions for my participation in the employee giving program. I understand that this deduction will stay in place for the length of time designated unless I inform Payroll and the Development team in writing.
- I understand that my participation in AltaMed Health Services' employee giving program is completely voluntary and that I will not receive compensation or benefits for my participation.
- I may cancel my participation at any given time.

Please sign below to confirm your participation in the program:

Signature	Date
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Please SCAN and EMAIL COMPLETED form to: empgiving@altamed.org.