

Employee Information

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

Name		EE ID#	
Address [for donation acknowledgment]		City	State Zip Code
Phone	Email		

Work Location

Step 1: Choose the program(s) you want to support (select as many as you'd like!)

- Area of Greatest Need**
Employee Giving Committee will decide where the dollars are needed the most.
- Immediate Needs Fund**
Assists patients/participants who do not have access to basic necessities that affect their health and well-being.
- Employee Proposals**
Sites/departments will be able to submit a brief proposal for consideration to support the communities we serve.

Step 2: Tell us how much and how often you'd like to give

- Recurring deduction**
\$ _____ Donation per Pay Period
- 1-year commitment**
\$ _____ Donation per pay period x 26 pay periods = \$ _____ Total donation
- One-time deduction**
\$ _____ Donation x 1 pay period = \$ _____ Total donation

If you selected more than one program in Step 1, your donation amount will be distributed evenly amongst your selections.

Acknowledgement

- I acknowledge that I am instructing AltaMed Health Services Corporation to make automatic payroll deductions for my participation in the employee giving program. I understand I can modify or cancel my participation at any time in the future.
- I understand that my authorized deduction will stay in place for the length of time I have designated above unless I inform the Development department in writing of my decision to modify or cancel the deductions. There are no reimbursements once a deduction has been made.
- I understand that my participation in the employee giving program is completely voluntary and that I will not receive compensation or benefits for my participation.

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.

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, modification or cancellation of pledge please email the Development Department at empgiving@altamed.org.